Title: What is the current policy and practice for social workers on planning contact between special guardianship children and their birth parents?

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WHAT IS THE CURRENT POLICY AND PRACTICE FOR SOCIAL WORKERS ON PLANNING CONTACT BETWEEN SPECIAL GUARDIANSHIP CHILDREN AND THEIR BIRTH PARENTS?

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PROFESSIONAL DOCTORATE

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by

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ABSTRACT

Special guardianship is a new but rapidly expanding area of permanency planning that is increasingly popular with families and kinship carers. In 2017, 3,690 children left care for a special guardianship placement, and a further unknown number were granted orders in private proceedings. An integral feature of this new legal option is that where it is considered to be in the child's best interests, they should continue to have some level of contact with their parents, after the special guardianship order has been granted. Social workers have a duty to assess, plan and recommend what the nature of that contact should be. However there is virtually no policy guidance provided to them on how to undertake those duties. Positive contact with their birth parents can help a child maintain existing bonds, while making sense of how they are part of two families, in order to explore and develop their sense of personal identity. To a large extent it will also determine the nature and success of the child's future relationship with their parents. So these are vital decisions that will affect the child's physical, psychological and emotional wellbeing. Yet very little is known about the process that social workers undertake in order to decide what level and type of contact is appropriate in each special guardianship case.

This study set out to investigate the planning and recommending of birth parent contact in special guardianship cases. The literature review demonstrated a paucity of studies of this field to inform policy and practice, although information was gathered from other fields where contact is held, such as kinship care and fostering. The research method comprised of an online questionnaire that was completed by 102 local authority social workers, two focus groups for social workers and two focus groups for special guardians.

The results provided quantitative data on what social workers included in their recommendations, and the factors they considered in reaching their decisions. Qualitative data from practitioners described the difficulties in planning contact for the long-term in complex and fluid family contexts. Involving special guardians in the study gave a chance to include the different perspectives of the people who have to make the contact recommendations work, and contrast their views on contact planning with those of the professionals. The carers provided additional insights into the challenge of managing contact, and the problems they faced when the parents were not always reliable or responsible.

Recommendations for addressing the issues raised included more use of reviews of contact, a scheduled move from the initial contact plan to the special guardian assuming full responsibility for contact decisions, keeping cases open for a ‘settling in’ period, proposals for all contact plans to include training, and a rebalancing of the responsibility for contact onto parents through the use of contact agreements.

This study has provided understanding of a crucial area of child permanency planning that has not been investigated before, by including the large-scale involvement of social workers, and introducing the contributions of service-users.

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1.1 Introduction

When the new, children's permanency option of special guardianship was introduced in England and Wales on 30 December 2005, it provided an alternative choice to adoption and fostering for thousands of children every year, who could no longer live with their parents. Permanency options for children involve decisions on who the child will live with until they are 18, and therefore affect the nature of the child's entire childhood, including where they will live, who will care for them and safeguard them, who will make decisions about them, and whether they will be allowed to see their parents.

Special guardianship shares certain features with adoption, for example it gives parental responsibility to the child's new carers, although with special guardianship these are exercised to the exclusion of the parents who retain their parental responsibility. Parental responsibility covers the legal rights, duties, powers and responsibilities that a parent has in relation to the child (Great Britain, Children Act 1989). Special guardianship also shares some features with fostering, such as allowing children to have regular ongoing contact with their birth parents, as long as it is considered to be in the child's best interests.

Perhaps predictably, the ongoing management of birth parent contact has turned out to be one of the biggest and most contentious challenges for special guardians once the child has moved to live with them. Because the vast majority of special guardians are also kinship carers, the challenge of managing the birth parents' contact is often undertaken by someone who is a very close relative of the parent, and may have known them for many years. Most commonly, special guardians are either a parent or a sibling of one of the

parents of the child. This introduces a level of familial involvement and emotional complexity not usually encountered in fostering or adoption contact.

Against a background of family tensions, strained relationships and divided loyalties, special guardians are often obliged to manage contact with parents who have ongoing personal problems, or are resentful of the removal of their children. While the parent may be struggling with mental health issues or drug and alcohol dependence, and coming to terms with the loss of their children, the special guardian, who may have been trying to support the parent, now finds themselves also having to prioritise the needs of the child over the parent, who may be a very close relative. As contact becomes the focus of the parents' entire relationship with their child, it is not hard to see how it has the potential to become the battleground for disputes and differences between the parents and the special guardian. With the child caught in the middle, 'bad' contact has the potential to completely disrupt and break down the placement.

Local authority social workers have a duty to assess these family members and their relationships, and make recommendations to court on birth parent contact, as part of the process of assessing potential special guardians before a Special Guardianship Order (SGO) is granted by a Family Court. They have to make decisions, plans and recommendations that will affect how often, and for how long, birth parents are allowed to see their child. These are major decisions that could mean the difference between a young child spending several hours a week with his mother or father for the next ten years, or only meeting them a couple of times a year or not at all. The nature, quality, frequency and success of the contact will be a major determinant of the child's future relationship with their parents for the rest of their lives. Decisions on contact are life-changing decisions that affect thousands of children, parents and special guardians every year.

However, when it comes to *how* social workers make their decisions on special guardianship contact, there is very little regulatory policy or research to guide them on what aspects of contact their recommendations should cover, what directions they should include, or what criteria they should use in order to reach their decisions. This raises the question of how social workers know what contact planning should involve. They are obviously making plans and recommendations on contact, as they are required to by the Special Guardianship Regulations (DfE&S, 2005), and judges in Family Courts must consider contact issues before granting a SGO. This therefore raises the question of *what* they are actually doing, when they plan and recommend contact. However there is virtually no practice information or research available on what procedures social workers are currently adopting.

Because special guardianship is a relatively recent innovation in permanency planning, it might be anticipated that best practice policies are still evolving, and there is certainly a significant shortage of academic research on the subject compared with the fields of fostering and adoption. But special guardianship has now been in place for twelve years, and thousands of SGOs are being granted every year, which affect the lives of children across the country. This is a crucial area of social work practice that has remained unstructured, unclear and under researched for too long. I think an investigation of these issues is long overdue.

This research seeks to address the practice questions, by examining the processes that social workers employ to arrive at their decisions, the criteria they use and the factors they take into consideration, and the content of what they include in their final reports. This thesis details the results of a doctoral research study into the question 'What is the current policy and practice for social workers on planning contact between special guardianship children and their birth parents?'

1.2 The background to special guardianship

Where parents are unable to care for and safeguard their children, the state has a responsibility to intervene (Great Britain, Children Act 1989) and, where necessary, find permanent homes for the children elsewhere. Permanency planning for the child not only involves making decisions about a physical home and the psychosocial dynamics of family life, but also the legal position of the child and their carers. In 2000 The Prime Minister's Review of Adoption recommended "a new legislative option for providing permanence short of adoption" (Performance & Innovation Unit, 2000, p.74). The aim was to help specific groups of children who were either difficult to place for adoption, such as older children, or had carers without parental responsibility for them, such as those cared for by wider family members or long-term foster carers (Hall, 2008b; Wade, 2014). The new private law option of special guardianship provided permanency for the child by giving their carers legal parental responsibility for virtually all aspects of their care, while preserving the child's legal connection with their birth parents. Special guardianship legislation was introduced by the Adoption and Children Act 2002 (in England and Wales), through amendments 14 A-G to the Children Act 1989, and enacted on 30th December 2005.

There has been concern voiced over whether SGOs have been used in the ways intended by the government, and for the children they were originally aimed at (Bond, 2007a; DfE, 2015b; Hall, 2008c), and whether their use has led to a drop in the number of adoption Placement Orders (DfE, 2014a; Stevenson, 2015). Meanwhile in the Family Courts since 2013 there have been a number of high profile cases where judges have criticised a local authority's choice of adoption, as opposed to placing the child within the wider family (Re B, 2013; Re B-S, 2013). Some have interpreted these judgements as requiring social workers to look harder at placing children with family or friends, and see this is an alternative explanation for the fall in Placement Orders and the rise in use of SGOs (National Adoption

Leadership Board, 2014; DfE, 2015a). These court judgements have been made against a changing backdrop of greater social care emphasis on family and friends care. The Children Act (1989) requires local authorities to prioritise the placing of a child with family members over placement with unrelated carers. The Children and Young Persons Act (2008) and statutory guidance in Family and Friends Care in 2011 (DfE, 2011) have all reinforced the approach of keeping children within the wider family network. For a great many of these placements, SGOs will be the chosen legal option. The government has responded to concerns over the use of SGOs with a number of publications. In 2014, the DfE published research into special guardianship undertaken by Jim Wade at the University of York (Wade, 2014). In July 2015 the DfE launched a consultation: 'Special Guardianship: A call for views' (DfE, 2015a), citing concerns over the robustness of assessments, and a drift away from the originally intended use of SGOs. The results of the consultation, with a response from the government, were published in December 2015. In August 2015 the DfE rather pre-empted the consultation's findings, by publishing a report on how professionals view the impact of SGOs: 'Impact of the family justice reforms on front-line practice, phase two: special guardianship orders', (DfE, 2015b). This made a number of recommendations, however none of them addressed policy on birth parent contact with the child, despite the fact that the report agreed with Wade this is "one of the main challenges associated with SGOs" (DfE, 2015b, p.13; Wade, 2014).

1.3 Special guardianship

In the ten years since it was introduced in the UK, special guardianship has rapidly become established as a popular and important permanency option for children who cannot return to live with their parents (Wade, 2014). In 2017 3690 children, or 12% of those leaving care, were subject to a SGO (DfE, 2017a, 2017b). This was an increase of 33% in four years. It compares with 4,350 children, or 14% of those ceasing to be looked after, in 2017 due to

adoption (DfE, 2017a). However these figures only cover special guardianship children who ceased to be looked after. In addition to these public law cases, SGOs can also be granted through private law proceedings, where the children are not involved with local authority social care services. So, for example, a grandparent or aunt who is permanently caring for a child as a result of the death or incapacity of the child's parents, can make a private application to court to become a special guardian. The Ministry of Justice collected some relevant information on private cases in 2011, and based on this Wade made a 'crude' estimate that the number of private law SGOs in 2011-12 was approximately 434 (2014). Assuming that these private SGOs have also grown in number, as more people have become aware of this new permanency option, it is likely that the total number of SGOs granted each year has overtaken the number of adoptions. The number of SGOs represents a remarkable new development in permanency for children in England, compared with the number of children undergoing adoption, which has had legal status in Britain since 1926 (Keating, 2008).

Where an application has been made for a SGO, a social worker appointed by the local authority must conduct an assessment of the applicant's suitability to be the child's special guardian, and submit a report to court (Great Britain, Adoption & Children Act 2002, s.115 (14A)(8)). The 2005 Regulations stipulate which issues should be addressed in the report, including information about the child, their parents, and the prospective special guardians.

One of the key features of special guardianship is that, where it is in the child's best interests, they should continue to have contact with their birth parents after they move to live with the special guardian. However there is only a small amount of guidance in the regulations that specifically refers to a presumption of contact. The Special Guardianship Guidance (DfE, 2016, p.8) states that a SGO 'retains the basic link with the parents'. It also refers to the provision of local authority support services, including 'assistance, including mediation services, in relation to contact between the child and their parents or relatives or

any other person with whom the child has a relationship that the local authority considers to be beneficial to the welfare of the child (regulation 3(1)(c))' (p.11). Additionally, the social worker's assessment report must not only make a recommendation on whether the applicant would make a suitable special guardian, but also a recommendation on future contact between the child and their birth family if the order is granted (DfE&S, 2005). From my experience, local authorities interpret this as a requirement to support parental contact as an integral part of special guardianship, where it is felt appropriate for the child.

Before granting a SGO, the court must consider whether an order for contact should be made, although The Children and Families Act 2014 (Great Britain, Children & Families Act 2014) has now replaced Contact Orders with Child Arrangements Orders as the mechanism for legally determining contact. In reaching its decisions on birth family contact, the court should be guided by the Children Act 1989 welfare checklist (s.1 (3)), and the paramount consideration of the child's welfare (s.1 (1)). The Special Guardianship Guidance provides detailed direction on the procedures for assessing applicants, however it contains virtually no reference to how post-order contact should be planned or decided (DfE&S, 2005). The regulations only prescribe questions concerning contact, which must be addressed in the *assessment of applicants.* These include the child's previous contact with relatives or significant others, and the wishes of the child, parents and special guardian regarding contact. It is important to note that despite the social worker's recommendation to court regarding contact, unless a Child Arrangements Order is made or contact directions are included within the SGO, then the special guardian is under no legal obligation to adhere to any contact plan that has been agreed. Without an order from the court, it will be up to the special guardian to use their parental responsibility to make decisions on contact (Cullen, 2006) and, when a birth parent disagrees, their only option for redress would be to return to court and ask for a Child Arrangements Order to be made (Family Rights Group, 2014).

The task of planning future birth parent contact and making recommendations to court on what form it should take is an extremely complicated challenge for social workers. Findings show that special guardianship has become the permanency option of choice for kinship carers, with the vast majority of carers being close family relatives of the child (Wade, 2014). These family relationships between the birth parents and the new carer for their child provide a unique dimension of complicating factors, not encountered in stranger foster care or adoption. These interwoven relationships and complex family dynamics are critical to the nature and success of contact and therefore the success of the placements, and special guardians regularly cite birth parent contact as the most difficult problem they have to deal with (Wade, 2014). If future contact is well planned and works well, it can make a major contribution to the success of the child's placement. Conversely, contact that does not work for the principal participants can be a major cause of stress, anxiety and disruption. The challenge for practitioners is, within a short period of time, to use whatever information is available to form judgements on a range of complex and shifting issues, and make long-term contact plans for people who often have conflicting views and fluid circumstances. The regulations stipulate that practitioners should have three months to complete an assessment (DfE&S, 2005), but where it forms part of public proceedings, the available time is often much less.

Despite the complexity of the task, the stakes could not be higher. The decisions and recommendations that social workers make, which are often endorsed by court order, will affect how often the parent sees their own child, they will lay the foundations for the child's lifelong relationship with their parents, they may set parameters for the child's safety, and they will be a major determinant on the role the special guardian is required to undertake.

However, despite the central importance of contact in special guardianship placements, there is virtually no policy guidance provided on how social workers should undertake the planning of contact and arrive at their recommendations for court. The Special Guardianship

Regulations 2005 simply require the local authority report to contain “a recommendation as to what arrangements there should be for contact between the child and his relatives or any person the local authority consider relevant” (DfE&S, 2005, p.43). Meanwhile, every week in court decisions on contact continue to be made that affect the lives of hundreds of people.

1.4 The background to birth parent contact

Where there is debate over birth parent contact for children in care, including those who are fostered, it tends to focus on either the merits of contact or the amount and regularity of contact. Research and discussion on contact predates special guardianship, as it is also relevant for children living with foster carers and adopters. One side of the debate stresses the importance to the child of contact with their birth family, in order to better develop their sense of self-identity (Adams, 2012; Bond, 2007b). Others point out the lack of empirically based theory on which to base judgements on the quality and benefits of contact (Atwool, 2013; Quinton *et al.,* 1997; Triseliotis, 2010). There is little research giving evidence on the effect of different levels of contact, therefore suggesting a need for a longitudinal study (Kiraly & Humphreys, 2013a; Triseliotis, 2010). Another side of the debate complains that blanket promotion of contact risks ignoring the cases where it is not a good thing for the child, for example contact with a former perpetrator of abuse (Kiraly & Humphreys, 2014). Others have opinions on the frequency and the problems that over ambitious levels of contact can cause (Atwool, 2013; Macaskill, 2002). There does however appear to be very little debate on the processes used by social workers to arrive at their contact recommendations.

SGOs are having a huge impact on the permanency options for children who can no longer live with their parents. They have been introduced at a time of greater emphasis on the use of kinship care, which has been given extra momentum in recent years by the family courts,

where judges have made it clear that children should remain with their wider families wherever possible. Although the local authority report must include a recommendation on contact, there are differences of opinion as to what levels of contact are in a child's best interests, and whether some cases involve contact that is not positive for the child (Boyle, 2015; Quinton *et al.,* 1997, 1999; Saunders & Selwyn, 2008). However, despite the repeated concerns raised by special guardians that contact issues are the most challenging problem they face (Wade, 2014), there seems to be little debate about the process social workers use for deciding on and recommending contact in individual cases. As contact is such a fundamental feature of SGOs, this raises questions about how contact works for children, special guardians and birth parents. What are the problems and difficulties, and how is the process of recommending and planning contact working? These are the issues that this research study will address.

1.5 Structure of the thesis

Having identified the professional area of interest, this study commences with a systematic review of the current available literature. The important issues highlighted in the review are brought together, to reflect on the research problem and define the research question for this study.

The methodology clarifies the aims and objectives of the research, before considering the theoretical principles and paradigms that inform the chosen approach to the research, and the researcher's own position. A clear methodological approach to the study will be justified, and set against the context of other current research methods. The process for analyzing the results of the research and evaluating the success of the project will be outlined.

The methods chapter will clearly detail the research methods used for different elements of the study. This includes discussion of why certain approaches were taken, and consideration of some of the obstacles encountered and how they were tackled. An explanation is given of how research governance and ethical issues have been addressed, and limitations of the study are acknowledged.

The results from the two main elements of the study are detailed in separate chapters, although there is a lot of ‘cross-over’ and discussion of both in each chapter. The results are evaluated in the discussion chapter, where the principal findings are assessed for their importance. The thesis concludes with a chapter of conclusions and recommendations for future policy and practice.

Chapter Two Review of the literature

A literature review, involving collection, review, analysis and synthesis of research work and published material, is essential for informing a study and acknowledging how it relates to other academic work and the overall body of knowledge in the particular field (Aveyard *et al.,* 2016).

2.1 Literature review methods

A search and review of the current literature offers two opportunities. Firstly, it enables the researcher to gain a 'snapshot' or overview of current thinking, debate and research on the field of study. Secondly, conducting a literature review in as systematic and transparent a way as possible enables the reader to see how the information was found and selected (Cottrell, 2008). There are potential disadvantages to this approach. There is no guarantee that all the relevant literature will be found. Also, as a practitioner working in special guardianship, the author has experience and views on the issues being researched, and this personal subjectivity may compromise the objectivity of the research. For example in the personal choices of inclusion and exclusion criteria. This research reflexivity, where the researcher's background, understanding and values have an effect on the research itself (Malterud, 2001) can shape the way research is collected and the framing of conclusions. Wren suggests the researcher should be sceptical about the possibility of "a value-free stance" and should be "prepared to make their project itself an object of study" (2004, p.476), by careful reflection on their personal investment, and transparent interpretation of their research. In order to make the research findings manageable, I think this level of personal selection is unavoidable. But by keeping aware of personal bias, by presenting findings and analysis as clearly as possible, and attempting to provide a systematic and

transparent route from research methods to conclusions, the author hopes to show why the particular research was used, and minimise the amount of subjectivity that is introduced (Bell, 2005). The review attempts to provide a synthesis of different ideas and opinions, and evaluation of the literature's relevance, validity and links to other perspectives, including those of the author (Bell, 2005). Through this process the review draws out the implications for future practice, policy and research.

The researcher's initial motivation for embarking on this study was the straightforward aim of finding out more about social worker practice in an important area of permanency planning for children that the researcher felt badly lacked policy guidance and research literature. The research question posed as the initial title for the project was therefore 'What should determine the recommended contact levels between special guardianship children and their birth parents?' Sub-questions for the literature review were:

1 What process do social workers use for deciding on what contact to recommend?
2 What factors do social workers take into consideration when arriving at their decisions?
3 What recommendations on contact are social workers making?

This research question was used as the basis for a systematic review of relevant recent literature, policy documents and government reports. The field of study provided ideas for a list of keywords and synonyms that were used to search the most valid and reliable sources, namely government publications, peer-reviewed journals, and material published by experts in the field. Only research published since 1990 was considered, in order to rely on the most up to date thinking, and English language literature was used, as the article is focused on special guardianship in England. Some of the literature found led to further sources of information that fell outside the original inclusion and exclusion criteria.

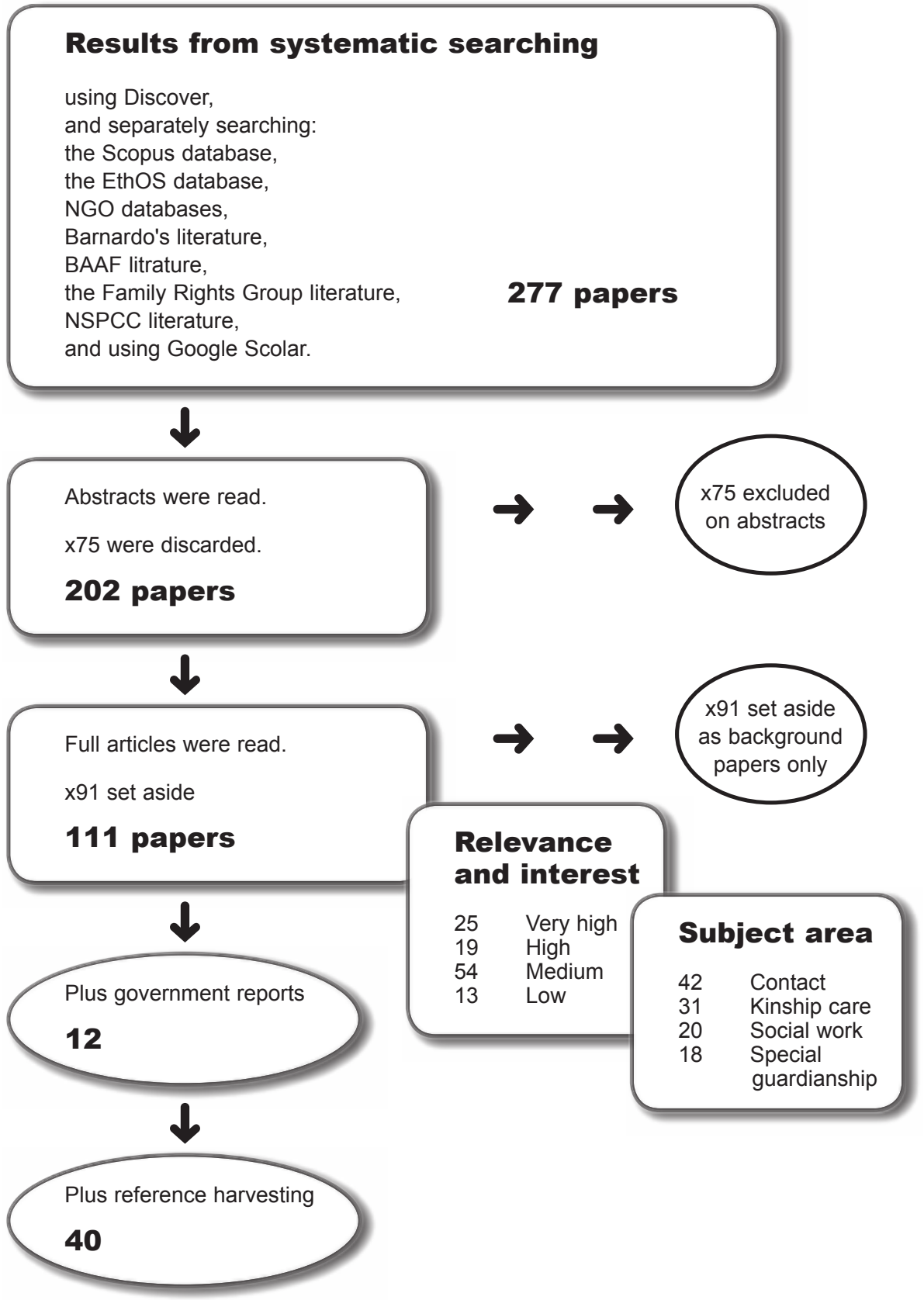
The research was evaluated for rigour, credibility and relevance using a similar approach to the Critical Appraisal Skills Programme (CASP, 2002). This critical thinking tool enables the researcher to assess the quality of chosen studies, by screening the results in a systematic way against initial aims, consideration of ethics, appraising the methods used, assessing the results for clarity, bias, quality of data, interpretation and relevance. I did not report on the study quality, but where I felt the research had used clear, appropriate and trustworthy methods, I then applied the criteria of relevance and interest, and graded the papers against these, as being either 'Very high', 'High', Medium' or 'Low'. By 'relevance' I mean that the research was either located in or close to my field of study, or produced findings that were transferable to my area. By 'interest' I mean that the research produced results I considered meaningful, and that contributed new information to the understanding of the issues. I also divided the papers into their subject areas, of 'Special guardianship', 'Contact', 'Kinship care', and 'Social work'.

A number of databases were searched using Discover, the University of Bedfordshire search engine. A search of Scopus was also undertaken, as this has various search features additional to Discovery. The EThOS database of doctoral theses, the Google Scholar database, and the database of UK government publications were also searched. Finally, various NGO databases, including those of Barnardo's, BAAF, The Family Rights Group and the NSPCC were searched. Staff from the NSPCC helped track a number of reports, which were eventually sourced through the British Library.

There was only a small number of research papers published on special guardianship, particularly regarding contact, so it was necessary to look elsewhere for relevant literature. These searches centred around 'contact', 'kinship care' and 'social workers'. Because the keyword 'contact' produced such a large number of search results (287,400), further searches were undertaken using 'contact' in conjunction with other words and phrases. This required a large number of combinations, used across the different databases, but resulted

in more accurately targetted results. Other phrases such as ‘kinship’ and ‘birth family’ were also used in combinations, to give as wide a search as possible. Articles on birth parent contact in areas such as fostering and adoption were considered as having useful information applicable to special guardianship. Similarly, articles on kinship care were considered because a large majority of special guardians are family, and different articles on social worker decision-making were considered as they too offered relevant research. Searching under ‘Title’ and ‘Subject Terms’ provided the most effective searches with the least duplication. This identified 277 papers, which was reduced to 202 after reviewing their abstracts. These articles were read in full, and consequently some were set aside as not being of sufficient quality, relevance or use. In total this resulted in 111 pieces of individual research literature being chosen for use. In addition to these papers, a dozen government reports provided useful information, and reference harvesting as a result of the original literature search, provided leads to 40 other items of published material. The transparency of this search process allows the reader to form his or her own opinion regarding the quality of the research (Cournoyer, 2004). A flow chart of the literature search is provided (Figure 1), and a full record of the review of literature search plan criteria is provided in Appendix 1.

Figure 1: Flow chart of literature search



In undertaking research into social care, there is a duty to include consideration of all relevant ethical issues. Consequently, the approach used follows the Social Research Association (SRA) guidelines, which promote “high scientific standards in the methods employed in the collection and analysis of data and the impartial assessment and dissemination of findings” (SRA, 2003, p.13). Finally, there needs to be an awareness of anti-discriminatory practice (ADP), in particular where birth parents and special guardians have been interviewed or have provided data, in order to be confident that the research methods used have not compromised the reliability of the data collected. Similarly, there needs to be consideration of whether diversity issues have been addressed in the research, and whether this has affected the reliability and viability of the findings. The diversity of gender, ethnicity, age and culture profiles of the various groups studied in the chosen literature, has been considered to evaluate how this has affected the conclusions drawn from the work. Anti-oppressive practice (AOP) issues were not considered to be a problem in the collection of research for this study, as the literature used was already in the public domain.

2.2 Themes - research on special guardianship

Because SGOs are a relatively new development, there is currently only a small amount of research literature available on them. The most comprehensive of these is Wade’s 2014 review for the DfE, ‘Investigating special guardianship: experiences, challenges and outcomes’ (Wade, 2014), which provides a detailed overview of the field. Wade’s investigation into the first 8 years of special guardianship drew extensively on the national SSDA903 dataset, giving information on 5,936 children subject to SGOs, as well as a survey of English local authorities, and a study of 230 SGO families through questionnaires and case file audits. In addition to Wade’s study, a further 17 pieces of published work relating directly to special guardianship were identified. The most useful of these were a

BAAF guide to special guardianship, which reviewed available data and the state of practice (Simmonds, 2011), and a qualitative and quantitative study of 70 family court cases by Hall (2008b). Selwyn and Masson's mixed methods study (2014) looking at disruption rates in special guardianship and adoption, was also very helpful. Five of the other articles were reviews written from a legal perspective by solicitors or barristers working in family law, and three others were personal accounts. Only four pieces of work (Wade, Simmonds, Hall and Selwyn) were rated as of very high interest, with another two being of high interest. None of the other articles included primary research or were substantial. Therefore the only available research of major significance on special guardianship that this study was able to draw on was Wade's (2014).

Wade's study found that SGOs have predominantly (88.5%) been taken up by family members, with grandparents (46%) and aunts and uncles (26.5%) leading the way (2014). Using Ministry of Justice data, Hall estimates 87% of SGOs in her study were to kinship carers (2008b). Selwyn and Masson put the proportion at 69% (2014). Wade found that unrelated foster carers have accounted for only 9.5% of SGOs. These figures may largely explain the rapid increase in use of special guardianship, as family members are increasingly being considered where children cannot return to their parents. However, because they are also related to the child, often as their grandparents, aunts or uncles, these carers may not wish to adopt the child and become their legal parents. They may however wish to have the legal security and parental responsibility offered by special guardianship, in order to make decisions for the child. Special guardians in Wade's sample ranged in age from 21 to 78 years old, and 41% were aged 50 or over, meaning there was often a significant age gap between carer and children. Nearly half of SGOs were granted to lone females (Wade, 2014), and Hall found that 24% of special guardians studied had not cared for the child prior to the Order being granted (2008b). Wade found no evidence to support the contention that the rise in use of SGOs has reduced the use of adoption (2014).

The average age of a child when the SGO was granted was between 5 years old (Selwyn & Masson, 2014), and five and a half years (Wade, 2014), and 69% of children on SGOs had entered care because of abuse and neglect. 23.5% of the SGO children were detailed as having one or more health problems, physical disability or learning impairment. 50% were reported as having some social, emotional or behavioural difficulties (Wade, 2014). Most children came from families dealing with drug and alcohol misuse, domestic violence or mental health problems (Selwyn & Nandy, 2012). Many children with substance-misusing parents, but without other emotional support, were likely to develop insecure attachment patterns as a result of their principal attachment figure being emotionally unavailable (Kroll, 2007). Wade found that children from minority ethnic groups made up 24.5% of the SGOs granted, compared with 22% of the total number of looked after children (Wade, 2014). Wade commented that most children on SGOs were thriving and well integrated into their families, and placement breakdown levels were very low (estimated at 5.7% over five years) (2014). Children reported that they like having a legal tie to their new carers, which gave them a feeling of security (Messing, 2006). SGOs were often seen as the 'least worst' alternative by parents (Wade, 2014), who realised their best chance of having continued contact with the children was if they remained within the wider family.

Special guardians cited managing the child's behaviour and dealing with birth parent contact as the two biggest difficulties they faced, once the SGO had been granted (Wade, 2014). In many cases one of the parents was a very close relative of the special guardian. Wade described birth family members as "a complex and frequently difficult arena" (2014, p.220). Special guardians only rated contact with the birth mother as being positive for the child in just over half the cases (53%), and this was particularly an issue where children scored highly for behavioural and emotional difficulties. Contact with birth fathers occurred less, but was viewed more positively (71%). Wade found a positive response from practitioners to the use of SGOs, with their main complaint being the lack of time for adequate assessment of complicated family structures (2014).

A 2014 study by Julie Selwyn, 'Beyond the adoption order: Challenges, interventions and adoption disruptions' (DfE, 2014b), reviewed the DfE dataset based on the SSDA903 returns of every looked after child in England since 2002. Of the 5,921 SGOs Selwyn found listed, 121 had broken down by March 2011. This gave a disruption rate for SGOs over a five year period of 5.7%, meaning that over a five year period six in every 100 SGOs had disrupted. This compares with 0.7% for Adoption Orders and 14.7% for Residence Orders, over the same time span. Of those placements that broke down, 75% disrupted within two years of the SGO being made. Selwyn found that children placed with special guardians they were related to were very stable, whereas SGOs granted to unrelated carers were almost three times more likely to disrupt. This supports Wade's view that the strength of the bond between child and carer is an important predictor of success in the placement (2014). As shown in other fostering and adoption research, Wade found that disruption rates were higher where the child was older, was older when placed, had been in care longer, and had more previous placements (Farmer & Moyers, 2008; Selwyn & Masson, 2014). Regarding other predictors of disruption, Selwyn found that SGO children who entered care because of neglect or abuse were much less likely to disrupt than those who entered care for family reasons, such as absent parenting, family dysfunction or unacceptable behaviour (DfE, 2014b). Predictors of disruption are important because they are information that is often available when social workers formulate their recommendations on contact.

Although there is no legal requirement for local authorities to provide specific support services (DfE&S, 2005), most provide at least some of the services set out in the regulations (Simmonds, 2011). However, Wade found that guardians believed that their most important support came from their family (61%) and from friends (28%), rather than from professionals (2014), which highlights the importance of assessing these family and friends networks, as a potentially undervalued resource for SGO families.

Wade found that the provision of local authority support to help manage contact was detailed in over half of support plans for special guardians (55%), however a third of those encountering problems said help had not been available (2014). Two thirds of support plans also offered continuing access to social workers (68%), however Wade noted how quickly cases were closed and social worker involvement ended, once an SGO had been granted. Apart from the ongoing provision of financial support, one third of cases (33%) were closed at the time the order was made, and within 12 months, 76% of cases had been closed. This may have been broadly in line with the wishes of the carers, as Wade noted that 27% of special guardians said they had wanted involvement of social workers to end once they had got their SGO. In one in nine cases a supervision order was made at the same time as the SGO (Wade, 2014), which would mean ongoing social worker involvement for those families. Wade highlighted the importance of special guardians knowing that their right to an assessment of need continues after they are granted an SGO.

2.3 Themes - research on kinship care

In total 31 papers on kinship care were identified as being relevant, although 21 of those were graded as only being of medium interest. Two papers were rated as being of high interest, both of which were reports by Nandy and Selwyn on their study of UK kinship care using the 2001 census data (2013; 2014). Half the papers reported on studies, which were mainly qualitative, and included focus groups, interviews and questionnaires. There were also six reviews of existing data, five reviews of literature and four personal accounts.

Although there have always been children cared for by their wider family, formal kinship care, directed by policy and legislation, is a more recent and increasing development in countries like the UK and USA (O'Brien, 2012; Selwyn & Nandy, 2014). Economics and pragmatism dictate that families are a huge and largely untapped resource that cannot be

overlooked in trying to find permanency for children (Selwyn & Nandy, 2012; Testa, 2001). Kinship care is largely viewed as a positive option, with the benefits for the child seen as greater placement stability, higher carer commitment, comparable outcomes, cultural matching, continuing contact with birth parents, involvement with wider family, and the resultant positive identity formation (Broad, 2007; Cuddeback, 2004; Kiraly & Humphreys, 2014; Saunders & Selwyn, 2008). Children living with grandparents are more likely to be well integrated into the family (Wade, 2014) and their placements are the least likely to break down (Farmer, 2010; Testa, 2001). It would seem likely that this is because of the grandparents' commitment, and of pre-existing emotional bonds, which have been shown to protect placements (Saunders & Selwyn, 2008).

With such a high take up of special guardianship by family members, Selwyn and Nandy's examination of the characteristics of kinship carers and their children, based on analysis of two data-sets from the 2001 UK Population Census, was particularly useful to this review (2014). They estimated that there were approximately 143,367 children in England living with kin, which equates to one in 77 of all children in England. 44% were in the care of grandparents, and surprisingly 34% were in the care of a sibling (2012). Their research helps to build a profile of kinship carers, clearly showing they are generally older, in poorer health, and with less financial resources than non-relative foster carers, however, the commitment of kinship carers to the children seems to mitigate and outweigh the hardship (Broad, 2007; Nandy & Selwyn, 2013). When relatives take over the care of children, family dynamics become more complicated, and divided loyalties can cause tensions (Cunningham & Lauchlan, 2010). This can be a time when kinship carers are particularly vulnerable, as local authority support drops away, according to the charity Grandparents Plus (2017). In addition, many children exhibit particularly difficult and challenging behaviour caused by their early experiences (Saunders & Selwyn, 2008). Typical problems include aggressive behaviour, self-harm, eating disorders, and educational difficulties. Many carers

are unprepared for these challenges, and struggle to cope (Farmer, 2009; Terling-Watt, 2001). Although many children may welcome their new home, others struggle to deal with their emotions (Burgess *et al.,* 2010; Messing, 2006). Many loved their carer, but wanted to return to their parents. Others had no wish to return home and felt loved and secure with their kinship carer (Aldgate, 2009; Dolbin-Macnab & Keiley, 2009). All thought that being cared for by family was infinitely preferable to going into a foster placement.

Difficult relationships between kinship carers and birth parents was a regular theme in the research, and often reported as the most problematic issue for carers (Farmer & Moyers, 2008; Kiraly & Humphreys, 2013a; Wade, 2014). Hunt estimated that in over 20% of cases, relations with at least one parent were seriously strained (Hunt *et al.,* 2010). As the majority of kinship carers are grandparents, many of these difficult relationships are between birth parents and their own parents. There was widespread agreement that contact often contributes significantly to strained relations between birth parents and carers (Hunt *et al.,* 2010; Wade, 2014). Research on how parental contact affects the child/carer relationship was mixed. Some believed there is no evidence that contact difficulties lead to increased placement breakdown, or weakening of the child/carer bond, except in a minority of cases where parents are particularly hostile to the placement (Hunt *et al.,* 2010; Triseliotis, 2011). Moyers et al. found a link between contact problems and greater placement breakdowns (2006), although which caused which is difficult to establish. Dolbin-Macnab and Keiley believed that children's relationships with their parents did not seem to affect the children's closeness to their kinship carers (2009). However, other studies reported children taking out the frustrations they have with their parents, on their carers (Dunne & Kettler, 2008). Wade concluded that some SGO children integrated better into their new families where frequency of contact with birth mothers was lower (2014), and Moyers found that the absence of contact had no effect on placement stability (Moyers *et al.,* 2006). Wade also found it was the negative effects of contact on children that caused the strain, rather than the frequency of contact (2014). Wade recommended that careful attention should be given to the birth

parent/carer relationship during the SGO assessment (2014), and Hunt recommended that management of contact should be a key part of planning at the assessment stage (Hunt *et al.,* 2010).

2.4 Themes - research on contact

Contact made up the largest separate group of material identified in the review as being of use, with 42 papers identified. As with the kinship care work, half the papers reported on research studies. These were quantitative and qualitative, with interviews and questionnaires being the most widely used methods, followed by focus groups. Almost half of the studies used mixed methods. A dozen of the papers were personal accounts, five were literature reviews and four were reviews of existing data. Many of these papers were very useful to this study, with 15 papers being rated as being of very high for interest.

The UK is a signatory to the UN Convention on the Rights of the Child (UNCRC), which specifies under Article 9 (3), the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests (OHCHR, 2015). The benefits to the child of birth family contact are seen as renewing existing bonds and attachments, exploring and developing a cohesive sense of their own identities, enabling the child to make sense of being part of two families, hearing how their parents are progressing, and getting direct answers (Boyle, 2015; Howe, 2001; Macaskill, 2002; Schofield & Simmonds, 2011). However, Quinton et al (1997, 1999) looked at adoption and argued that there simply was not enough reliable research evidence to say whether contact was a good or bad thing. Ryburn (1999) criticised this conclusion, arguing that the field of child welfare did not lend itself easily to the strict evidential requirements of scientific research, and cause and effect. Ryburn favoured a research approach based on "the search for commonalities" (1999,

p.506), and believed the sheer weight of evidence justified the use of birth family contact. There is, therefore, a need for more conclusive evidence, specifically on identifying and quantifying what is positive about contact (Atwool, 2013; Triseliotis, 2010). There is also little research evidence on which to base approaches to decision-making on contact (Kiraly & Humphreys, 2013a; Triseliotis, 2010), and there are no studies that have been able to identify the appropriate levels of contact for any particular group of children. The generally agreed reason for this is that the amount of variables involved, and the complexity of family life, means that relevant decisions can only be made on a case-by-case basis (Boyle, 2015).

In Wade's study of children subject to an SGO, 66.5% of mothers and 42% of fathers were continuing to have contact at the time of his study (2014). The follow up period for the cases Wade studied (n=230) ranged from 20-92 months (median 60 months) since the SGO was granted. These figures were comparable to those from New Zealand, which has a similar system of Special Guardianship to the UK (Ward, 2004). Research on kinship care showed similar rates of mother/father contact, of 68% - 49% (Farmer & Moyers, 2008) and 69% - 47% (Kiraly & Humphreys, 2014). A recent survey of (predominantly grandparent) members by Grandparents Plus found that out of 671 kinship carers, 63% of their children were continuing to have contact with their mother, and 50% with their father (2017). Wade found that of the mothers of SGO children, 20.5% had at least weekly contact, and 16% at least monthly. And of fathers, 14% had at least weekly contact, and 10% had at least monthly contact. Many children wanted more parental contact than they were having (Aldgate, 2009), and a small number chose to end contact themselves (Brown & Sen, 2014). Some children did not have contact with fathers because of concerns regarding domestic violence (Bent-Goodley & Brade, 2007). Overall, foster children with disabilities tended to have lower levels of contact than non-disabled foster children (Baker, 2006). Most studies indicated a continuum of parental involvement in contact, from irregular contact and occasional phonecalls to reliable weekly visits (Green & Goodman, 2010). Grotevant et al. suggested

that carers and birth parents gradually settled on “a level of contact that suits them” (2013, p.197). Although, where contact is held too infrequently the child/parent interactions could become formal, artificial and stilted (Cossar & Neil, 2013; Wade, 2014). Hunt found that mothers were more likely to lose contact with the child when there was conflict over contact, however fathers were more likely to lose contact when their relationship with the mother broke down, or when the child was male or younger (Hunt *et al.,* 2010). Loss of contact was more likely for parents, particularly mothers, when the child was placed on the ‘other side’ of the family. Hunt found that the number of parents of children in kinship care having contact diminishes over time (Hunt *et al.,* 2010), and of those attending contact after 12 months, only about half were still having contact 5 years later. Many carers reported complicated patterns of contact including face-to-face visits, telephone calls, overnight stays, Facebook and Skype contact, and prison visits, either daily, weekly, monthly or annually (Dolbin-Macnab & Keiley, 2009). The children described contact variously with words such as fun, friendship, hanging out, playing, doing things together, and laughing. Others used terms such as sadness, fear, anger, broken promises, unpredictability, lack of interest, and parents who were not going to change. Macaskill explained that contact has positive and negative effects for many children, yet most are absolutely clear about wanting to continue seeing their birth parents (2002). Macaskill suggested that the child should be given time, possibly several months, to settle into the new placement before contact is started (2002). Where the child is very young, settled routines are important, and disruptions caused by travelling and contact may need to be minimised (Humphreys & Kiraly, 2011).

Clearly birth family contact in kinship care is not always a positive experience for children (Roth *et al.,* 2011). In Wade’s study, special guardians reported very or quite positive contact with mothers in 53% of cases, and with fathers in 71% of cases (2014). Hunt reported positive contact for 37% of children studied (Hunt *et al.,* 2010). In their study of 58 case files, Saunders and Selwyn found that for 36% of children contact had an adverse effect, often due to the parents’ unreliability and lack of attendance (2008). Grandparents

Plus found 23% of kinship carers reporting beneficial contact, 27% harmful or very harmful contact, and 49% of their carers being neutral about the benefits (2018). In total these figures cover a wide range, which possibly reflects the difficulty of quantifying positive and negative contact. Hunt also found that maternal contact was much more likely to be negative (Hunt *et al.,* 2010). Problems with contact included poor quality interactions, unreliable parents, failure to attend, parents raising false hopes, loyalty issues, feelings of guilt, and reliving previous painful emotions (Hunt *et al.;* Macaskill, 2002, 2010; Sen, 2010). Children felt particularly aggrieved where pre-arranged contact was cancelled (Boyle, 2015). Carers regularly reported problems when the children returned home including bed wetting, waking crying in the night, aggression, anxiety and naughty behaviour (Humphreys & Kiraly, 2011; Wade, 2014), although Triseliotis cautions that this could also be due to disrupted routines and strange environments (2010). Carers also made a link between where their children had negative contact, and increased levels of strain on themselves (Hunt *et al.,* 2010). Children with ADHD (Attention Deficit and Hyperactivity Disorder) are particularly disturbed by changes to their daily routines (Macaskill, 2002). Most kinship carers feel they had a duty to facilitate contact between the children and their parents (Aldgate, 2009). And Farmer found that parental contact was often not limited or cancelled by kinship carers, even when things had been going wrong (2009). Humphreys and Kiraly make a convincing point that birth family contact should be about quality rather than quantity (2011).

Carers and birth parents could work well together where carers were sensitive to parents' needs and feelings, however parental behaviour which exhausted this goodwill and caused conflict, was often seen as the most problematic area of kinship care (Kiraly & Humphreys, 2013a; Roth *et al.,* 2011; Saunders & Selwyn, 2008). Local authority concern over the parent/carer relationship was cited in 60.5% of SGO cases (Wade, 2014). Conflict often surfaced during contact (Farmer & Moyers, 2008) and relationships were put under particular strain when carers had to supervise contact (Kiraly & Humphreys, 2015). These relationships seemed particularly problematic where parent and carer were related (Farmer,

2010). However, where birth parents and carers had good relationships, contact was often more flexible and arranged informally (Wade, 2014). Ward proposed that levels of contact should be more frequent when the special guardian was a family member (2004). Some researchers suggested this relationship was key to contact working successfully and being positive for the child (Atwool, 2013; Browne & Moloney, 2002; Neil, 2007). Green and Goodman suggested that the nature of the carer/parent relationship would frame the type and level of contact with the child and they recommended that social workers should focus on analysis of this relationship in their assessments (2010).

A large number of kinship and SGO carers expressed a wish for better help and support in managing their contact (Grandparents Plus, 2017; Hunt *et al.,* 2010; Kiraly & Humphreys, 2013a; Wade, 2014). Support services that were considered particularly important included mediation and counselling (Kiraly & Humphreys, 2014; Simmonds, 2011). Macaskill recommends an initial meeting between carer and parent, prior to the first contact, where contact plans and the attitudes of each party could be evaluated (2002). Leading on from this Macaskill and Hunt also suggested that birth parents and carers jointly contribute to a written contact agreement (Hunt *et al.,* 2010). This should contain a review mechanism for adapting contact where necessary in the future. However, as Harris and Lindsey pointed out, where parents are still fighting to have their children back, the opportunities for cooperation may be limited (2002). Many parents reported feeling particularly powerless, but also diminished, inferior, despairing, stigmatized, resentful, remorseful and shut out of their children's lives (Gleeson & Seryak, 2010; Höjer, 2009; Kiraly & Humphreys, 2015). All parents wanted contact with their children, and many expressed a wish or intention to have their children back living with them in the future. Many parents were grateful that the special guardians were looking after their children, and that this enabled them to continue having contact (Saunders & Selwyn, 2008; Wade, 2014). Hall found that half of the SGO cases studied involved at least one parent with drug or alcohol issues, one third of parents had mental health problems, and a third involved domestic violence (2008b). Taplin and

Mattick's study of women in drug treatment, found that contact without skilled parenting support is unlikely to result in building of the child/parent relationship (2014).

There are different opinions on whether it is generally possible to obtain reliable and determinative information from children on their wishes regarding contact (Weir, 2011). And there is evidence of children who had expressed resistance to contact, going on to have apparently successful contact (Hunt *et al.,* 2010). Most children want to see their mother or father, and also their siblings and wider family (Kiraly & Humphreys, 2015). And most seemed happy with the amount of contact they are having (Hunt *et al.,* 2010; Larkins *et al.,* 2015) although there are some who wanted no contact (Kiraly & Humphreys, 2013b). Many studies reported children saying they wish they had been consulted more and had a greater say over their contact decisions (Atwool, 2013; Holt, 2011; Macaskill, 2002). Children in several studies have repeatedly asked for 'fun' venues for contact, when it cannot be held in the home, rather than the dreary offices of local authorities or contact centres (Humphreys & Kiraly, 2011; Macaskill, 2002). Macaskill believes a good contact venue sends the child an important message that contact with their parents is valuable.

Children in kinship care tended to enjoy more contact with their siblings, than those in stranger foster care, even when they do not live together (Burgess *et al.,* 2010; Kiraly & Humphreys, 2013c, 2014). Contact with the wider family continued in most cases, usually on the side of the family (maternal/paternal) that the children lived with, and some children felt they missed out on contact with family from the other side. Sibling contact was highly valued by all parties, and could be at a higher rate than parental contact (Macaskill, 2002). There is evidence that it can be a protective and stabilising factor for children in the absence of positive parental relationships, as can relationships with other family members, like aunts, uncles, cousins and grandparents (Boyle, 2015; Moyers *et al.,* 2006). However sibling relationships could gradually become distant where everyday regular interactions had been lost and contact was infrequent or more formal (Cossar & Neil, 2013; Wade, 2014).

Kinship carers were more likely than unrelated carers to allow contact that had not been authorised by social workers (Brown & Sen, 2014; Farmer & Moyers, 2008), and there were more opportunities for this where carers and children lived close to the parents' home (Brown & Sen, 2014). Hunt found that 6% of kinship carers had allowed unauthorised contact (Hunt *et al.,* 2010), which included the use of social media and mobile phones. Typical concerns over safety included the child being allowed contact with inappropriate adults, unsupervised contact where the parent took the child to an unsafe place, and contact going ahead even when the parents were under the influence of alcohol or drugs (Hunt *et al.,* 2010). Kiraly and Humphreys reported incidents during contact where safety had been compromised affecting 39% of children, and consequently recommended greater consideration of the parents' problems that had necessitated the children going into care (2014). Macaskill recommended a risk analysis for contact in all abuse cases (2002). This is an important point, because many of the parents who have had serious problems such as alcohol abuse or domestic violence, will continue to be affected by these problems after the children have been placed and contact commences (Hall, 2008b; Harrison, 2008). Contact may unwittingly give opportunities for further covert abuse and manipulation, for example: verbal derogation of the mother by a domestically abusive father (Bent-Goodley & Brade, 2007; Holt, 2011).

Contact is undoubtedly a fluid and complex issue, with many factors affecting outcomes (Atwool, 2013; Grotevant, 2013; Neil, 2009). There does therefore seem a general consensus that contact decisions and plans have to be made on an individual basis (Boyle, 2015; Macaskill, 2002; Schofield & Simmonds, 2011). Kiraly and Humphreys emphasised that the arrangements for contact needed to be flexible, in order to respond to changing needs over time (2013c). Harris and Lindsey made the contrast between contact which is ongoing for years, and social worker recommendations about contact which are made at one point in time, based on a snapshot picture (2002). Although as Selwyn and Masson pointed out, making decisions regarding children "necessarily involve prediction and risk"

(2014, p.1709). The assessing social worker's challenge is therefore to make sense of this complexity, and plan for the future (Simmonds, 2011).

2.5 Themes - research on social worker decision making and contact recommendations

The review identified 20 papers of interest concerning social worker decision-making, with several of these being concerned with kinship care. Most of the papers (x13) were qualitative studies, with five using focus groups, and others using interviews, surveys and questionnaires. About a third of these used mixed methods. Four of the papers were identified as being of high interest, and these used either focus groups, semi-structured interviews, or a combination of both. One also used a questionnaire. The other identified material concerning social worker decision-making comprised of four personal accounts, two analyses of existing data and one review of literature.

The Special Guardianship Guidance (DfE&S, 2005) specifies assessment of applicants that reflects the Framework for the Assessment of Children in Need and their Families (DoH & DfE&E, 2000). The Assessment Framework is based on the domains of developmental needs, parenting capacity and family and environmental factors, and adopts a holistic child-centred approach, and is widely used in social worker assessments (Cleaver & Walker, 2004; Horwath, 2011). However, the guidance leaves social workers to choose their own process for recommending contact. What little research exists on what factors social workers view as important in determining birth parent contact, has been undertaken in fostering and kinship care. Atwool stated that contact should be determined by the child's age, history, needs and wishes, and the extent to which parents accept the placement (2013). Sen and Broadhurst suggested consideration of the child's age and development, family circumstances, previous intervention history, the quality of relationships, and the

ability of the carers to manage contact (2011). Others considered the parents' ability to keep the child safe, time keeping and attendance at contact, and behaviour and use of language (Sen, 2010). An assessment of the parents' pre-existing relationship with the child would also seem to be crucial (Boyle, 2015). Weir suggested that consideration of children's views should be based on prolonged observation of the parent and child together (2011).

Professionals also have differing interpretation and understanding of concepts such as attachment or identity, and they may have different personal beliefs and value systems (Brisebois *et al.,* 2013; Neil, 2007). Harris and Lindsey argued that these subjective values affect the evidence social workers look for and where they look, as well as their analysis and decision-making (2002). These beliefs and values are based on individual lifetime experiences, such as socio-cultural background, parenting experience, professional knowledge, training and perceived authority and power. O'Connor and Leonard considered the factors that might influence social worker decision making (2014), which included emotional responses to service users, and personal attributes in the practitioner such as empathy, critical reflection, intuition and confidence. How individual practitioners view the world, and how this affects their assessments, reflects ideas and concepts from social constructionists, (Witkin, 2012) who proposed that knowledge is a social construction, ever changing and unstable. There is no 'single truth', and therefore objectivity is impossible (O'Brien, 2014). Actions and words are only given relevance, by the multi-layered contexts in which they exist, which are created by people to construct meaning in their lives. In the social constructionist view, meaning that occurs in one context (for example sociocultural norms) will affect meaning in another level (for example relationships) (Pearce & Cronen, 1980). So, for example, an individual's experience of education or ethnicity will affect their relationships with service users and other professionals. There are echoes of these interrelated contexts in family systems theory (Bowen, 1978) that suggests that in order to understand the individual family member, one needs to consider them in relation to the family to which they belong and have a role to play in. Individuals are interconnected and

cannot be understood in isolation. With SGO families, these roles become redefined for the principal players (Neil, 2007).

There are several decision-making theories concerned with the cognitive processes practitioners use to reach decisions. Cognitive continuum theory places experiential intuition and rational analysis at either end of the reasoning process continuum (Van de Luitgaarden, 2009). The analytical approach seeks to reduce the probability of human error by utilising deductive techniques such as risk assessment tools and assessment frameworks. Alternatively, the ability to adopt an intuitive approach develops as a practitioner becomes more experienced, and can naturally draw on prior experiences. (Hackett & Taylor, 2014). How practitioners balance their approach to assessment, between analytical and intuitive, will depend on factors like their experience and the nature of the task. However Van de Luitgaarden believes that deconstructing social situations into their constituent parts for analysis is theoretically and practically impossible. The dynamic and changing nature of family life, and the complexity of social work assessments mean that there is never enough realizable data to justify a purely standardised analytical approach (Hackett & Taylor, 2014). Social workers' use of largely intuitive approaches is therefore inevitable. Hackett and Taylor compared the use of experiential and analytical approaches in 98 assessments by 50 social workers (2014). They found the social workers predominantly used an experiential approach, although the method used moved on the continuum between the two processes. If the intuitive approach is more appropriate to assessing social situations, this raises the question of how decision-making about contact can be improved, without resorting to clumsy analytical tools that do not fit the complexity and fluidity of the issues (Hackett & Taylor, 2014). Hackett and Taylor suggested that supervision can help in allowing reflection on how decisions had been reached, as well as what decisions had been made (2014). A critical thinking stance and use of personal reflection are also integral to social work decision-making, particularly in areas of uncertainty and ambiguity, and these skills can be learned and developed in the individual by practice (Gibbons & Gray, 2004). The critical

thinking approach presupposes a social constructionist view of knowledge and understanding as a social construction, and allows social workers to use the systematic application of critical thinking skills such as reflection, analysis and creative thinking to real life situations to challenge their own socially constructed perspectives and beliefs (Witkin, 2012). It enables practitioners to develop awareness of how their understanding is influenced by their own values, history and viewpoints, and in this way begin to challenge their own objectivity (Gibbons & Gray, 2004).

2.6 Conclusion

If, as some critics have argued, adoption promotes the 'legal fiction' of a newly constructed parenthood for the child (Logan, 2013), then perhaps special guardianship promotes a more real construction, whereby the birth parents remain the child's parents, and remain involved in their lives.

Special guardianship has arguably become the permanency option of choice for kinship carers. Research clearly shows that SGOs have overwhelmingly been taken up by family members, with the consequence that in most cases the child's birth parents and the special guardian will be close relatives. In many cases they will have long established emotional ties and, as in any family, these relationships may involve years of personal history, love, emotion, ambiguity or animosity. This inevitably adds a level of familial complexity to parent/carer relationships in special guardianship that is not found in adoption or stranger fostering. It is not hard to appreciate that where there are difficulties and discord in these relationships, birth parent contact with the child will become the focus of stress and strain (Farmer & Moyers, 2008). Guardians regularly cite the managing of birth parent contact as one of their biggest challenges (Wade, 2014) and 20% of these carer/parent relationships are considered to be under serious strain (Hunt *et al,* 2010).

Where a SGO is granted, the dynamics in these established relationships are drastically altered. The child moves permanently to live in the special guardian's home, and the parent has to face the reality that the child will not be returning to live with them. The special guardian acquires the majority of parental responsibility, at the expense of the parent. The parents' level of contact with the child is usually significantly reduced from what it had previously been, and it is the special guardian who assumes responsibility for controlling whatever contact there is. Although many parents may agree to the placement, there will also be others who find it difficult to accept the daily reality that someone else is making all the decisions regarding their child. As the parents' redefined relationship with their child now centres on contact, and the special guardian has responsibility for this too, it is predictable that difficulties in the carer/parent relationship will focus around contact issues. In fact, as has been argued, the carer/parent relationship is so crucial to the success of contact, that the nature of that relationship is likely to determine the nature of the contact. The carer/parent relationship and the management of contact are at the heart of the special guardianship placement, and should therefore be a key part of the initial assessment and planning. There is however no requirement in the Special Guardianship guidelines to include an assessment of the carer/parent relationship (DfE&S, 2005), and it would be interesting to know how social workers address it.

Although there is no conclusive research linking problems with contact to placement disruption, it should be clear that difficulties with contact have the potential to cause enormous problems for the placement. Three quarters of SGO breakdowns occur in the first two years of placements, which it could be argued is also the time when parent and carer are readjusting to the new dynamics of their relationship. This is also the time when social workers are disengaging from working with the families, with a third of cases being closed when the order is granted, and three quarters within 12 months (Wade, 2014). It is clear that carefully planned contact, that works well for all the parties concerned, would be a major contribution to making the placement a success. There is also a case for specifically

identifying those placements where contact is likely to be more problematic. Research can help here by identifying clear predictors of future difficulties. These cases could be 'flagged up' as part of the assessment process, so that professionals are aware of the particular issues, and the extra support that may be needed.

Wade's research found that contact levels between birth parents and children, varied significantly from weekly or monthly contact for some, to the third of mothers and 58% of fathers who had no contact at all. This raises questions about how these levels of contact came about, how much they were determined by social workers, and what processes were involved.

It should also be noted, that in some cases where the court has to decide between placing a child for adoption with strangers, and placing a child with special guardians who have little or no prior relationship with the child, it could be argued that future child/parent contact under an SGO is the principal difference between the two permanency options. In such cases, assessment and evaluation of the quality of contact, and whether it is likely to be successful, could become a critical determinant in court decisions. The importance of assessing and planning contact is therefore crucially important.

Where a child is separated from their parents, it is a UNCRC Right of the Child to maintain direct contact with their parents on a regular basis. Contact offers a range of emotional and psychological benefits to a child, however in other cases it can be a negative experience, with problems and risk. Research on the quality of contact has produced ambiguous results, with quite widely differing estimates of the amount of positive and negative contact (Saunders & Selwyn, 2008; Wade, 2014). This may be a good example of the difficulties of conducting evidential research in the field of child welfare, as has already been argued by Ryburn (1999). It is the assessing social worker's duty to assess the child, birth parents and special guardian applicants, and to make recommendations to court on the type and levels

of contact that is in the child's best interests (DfE&S, 2005). In view of the many factors that are directly relevant to the success of special guardianship contact, I would also argue that simply recommending frequency levels is a woefully inadequate approach to addressing and planning for the complexities of contact, and proper consideration needs to be given to precisely what elements should make up the assessment process. Planning and making recommendations for contact between SGO children and their birth parents is as complex as the families themselves (Grotevant, 2013). It is the assessing social worker's job to collect evidence, analyse, plan and make recommendations for the future (Simmonds, 2011). However, there is very little practice guidance given on the criteria that social workers should use in making their judgements and recommendations on contact (DfE&S, 2005). Despite the repeated concerns about contact raised by special guardians (DfE, 2015a; Wade, 2014), there seems to be little professional debate about the process involved for making decisions and recommendations. Where there is debate, it tends to focus either on the perceived merits and disadvantages of contact, or on frequency levels (Quinton *et al.,* 1999; Ryburn, 1999). There is general agreement that decisions on the type and regularity of contact can only be made on a case by case basis, (Boyle, 2015), and that contact plans need to be flexible, and responsive to the changing dynamics of family life (Grotevant, 2013; Neil, 2009). However, there seems to be no research informing the decision-making process itself (Triseliotis, 2010). There is also little research informing social workers how they might analyse the information they do find, and how that analysis should lead to specific recommendations. There is a small amount of research on the factors that social workers consider important when assessing birth parent contact in fostering and kinship care (Atwool, 2013; Sen, 2010), and the results show a range of different considerations. However none of these studies relate specifically to special guardianship.

Research suggests that social workers in other fields predominantly use experiential and intuitive approaches for assessments, rather than rational and analytical approaches. This

would suggest that decisions on contact are likely to be largely based on the personal experience, intuition, critical thinking and reflection of individual social workers. In special guardianship there is no research on this process of assessing and recommending contact, so it is impossible to say how it is being conducted. If social workers are mainly using intuitive approaches in assessments, this raises the further question of precisely what factors and criteria they are using to reach their recommendations. Researchers pointed out that personal background, understanding and value systems influence social worker assessments and decision-making (Harris & Lindsey, 2002; Neil, 2007), which raises more questions about how individual practitioners view contact and SGO families.

Courts and social workers make decisions on contact in dozens of SGO cases in the UK every week, and these decisions significantly affect the lives of thousands of children, birth parents and special guardians each year. However, despite birth parent contact clearly being one of the most crucial elements of special guardianship, the process for assessing, planning and recommending contact remains unclear, unstructured and under researched.

The review presents a strong case for a comprehensive study of how contact is assessed and decided in special guardianship cases. The literature review has confirmed an absence of detailed empirical studies of special guardianship contact, which confirms the necessity of this study. There was no consensus in the literature of what form contact should take, how social workers make decisions on contact, or what factors they take into consideration in their decision-making. It was also clear that where special guardians were consulted, they had critical views on how contact was working in practice. The findings from the literature review point to the need for a much broader investigation of all aspects of contact planning and decision-making, in order to include all the relevant issues. The initial aim of this study to look at what determines contact levels, therefore needed to be expanded to include the whole process that social workers went through in planning and recommending contact. It was necessary to find out what they were actually including in their recommendations, and it

needed to investigate their general attitudes and approach to contact issues. There also needed to be consideration of the views of special guardians themselves. This revised approach to the study then provided a properly comprehensive and holistic understanding of the issues.

Chapter Three Methodology

3.1 Background to the study

This chapter concerns the methodology and reasoning on which the design of my methods for this study is based. I will reflect on the research problem I am seeking to address, and clarify the aims and objectives of the study. I will then consider the theoretical principles and research paradigms that inform my chosen approach, and the importance of basing my research on a thorough methodology, before presenting my own pragmatist position. I will detail the mixed-methods approach to be used in this study, before considering how the results will be analysed and how the project should be evaluated.

3.1.1 The research problem

The review of the literature has covered a number of fields including special guardianship, fostering and kinship care, and highlighted the critical role that birth parent contact plays in the lives of children who can no longer live with their parents. Positive contact can play a hugely significant part in the child's emotional and psychological development, but difficulties with contact clearly have the potential to destabilise any placement and cause enormous problems for the carer. What research there is available indicates the crucial importance of careful contact planning.

For special guardianship children, local authorities across the country are planning contact in thousands of cases every year. For each of these cases, the Special Guardianship Guidance requires the assessing social worker to make a recommendation on contact

(DfE&S, 2005) although the guidance contains virtually no reference to how social workers should reach their recommendations, or what the recommendations should cover.

The literature review has also revealed that there is a shortage of research on special guardianship, and no studies specifically on special guardianship contact. The central problem is that there is no information on this area of professional practice. Wade's investigation (2014) was the only significant research on the general subject, and this indicated that special guardians find managing birth parent contact to be one of the most difficult challenges they face. Wade's broad study of special guardianship contained information on contact levels, but did not include social worker recommendations and planning in its scope. Consideration of research literature in connected fields such as kinship care and contact in other contexts has provided some insights, but probably because of the complexity of cases there are no studies indicating appropriate levels of contact, and no research informing the contact decision making process itself.

There is therefore not only a lack of government policy and guidance on practice, but also a lack of academic research on the subject. The whole process of planning contact, the weighting of criteria on which social workers base their decisions, and the nature of the recommendations that are being made, is all shrouded in mystery. Social workers continue to plan contact every day, but there is no guidance on what they should be doing, and no research on what they actually are doing. Without this information it is hard to see how informed discussion can be held on whether practitioners are using sufficiently appropriate and effective methods to reach their judgements and decisions. There is an urgent need for research that can inform practice development.

The initial research question was therefore broadened to: 'What is the current policy and practice for social workers on planning contact between special guardianship children and their birth parents?'

3.1.2 Aims of the research

If the overall aim of this study is to gather enough data to provide a comprehensive understanding of current practice in recommending contact, then the initial data collection would seem to fall naturally into two categories: the assessing/planning stage and the recommendations. Each is interdependent, and data on each one will inform the other. First, it is necessary to collect data to understand the process for assessing and planning contact. What are the mechanics involved, the factors considered, the people consulted, the decisions made and practices followed? Second, it is necessary to collect data to understand the recommendations that are being made. What details are being included, what is being omitted, are there commonalities, how prescriptive are the directions, and are there different approaches?

As a practitioner/researcher working in the field of special guardianship assessments, I am familiar with this professional process. By the time the social workers come to write their reports they will usually have been working on a case for between about 5 and 10 weeks. They will be familiar with the child or children, birth parents and special guardianship applicants, having probably interviewed them each several times. And they will have amassed a large amount of information regarding different individuals and aspects of the case. My research is not about this stage in the process. What interests me is how social workers take these various strands of raw information and weave them together into the recommendations for contact that they will put before court, and what is the end result of this process.

This is my interest and the core of the research project.

I see this part of the study as collecting largely quantitative data on planning and recommendations, and I anticipate that it could be collected via a survey. This is the primary social science tool that I am going to use for this study.

Contact planning by social workers is a largely cognitive process, that involves thinking about the case, deciding whether enough information has been gathered, evaluating it, assigning importance to various factors, weighing the evidence, considering different options, possibly incorporating feedback, making decisions, and implementing the plan. Because this is mostly cognitive it is not recorded by social workers, in the way that client visits are for example, although there may be some who choose to make their own notes as they go along. Social workers are busy people and only tend to record the things they have to. This means that few if any records exist of how social workers arrive at these decisions. Their final recommendations are written into their special guardianship reports, but these are not easily accessible, and the only record of the thinking process that led to that recommendation exists in the heads of individual practitioners. This information could only be gathered by direct access to individual social workers. And the information is complex, because there are many aspects of contact planning to be understood. So a sizeable online questionnaire seemed to be the most practical and pragmatic solution to collecting this data.

I wanted to encourage as many social workers across the country as I could to participate with my research, in order to give it as much statistical significance as possible. An online questionnaire was the most effective way to maximize my chances of having a large response rate. It would not limit the number of social workers I recruited to participate and it enabled me to approach every local authority in England to participate with the study. I was hopeful of eventually having between 30 and 60 local authorities involved. The format of a questionnaire was also an effective way of collecting quantitative data. It was convenient for participants and was the best method for posing a large number of questions in a way that was quick and easy for participants to respond to.

Direct data entry by the social workers would reduce data entry errors, and the security aspects of an online questionnaire were also easier to manage, and would enable me to guarantee anonymity of respondents. There are some disadvantages to using a questionnaire, but I felt these were minor in comparison to the advantages. Because there would be no personal contact between me and the respondents, I had no way of knowing if they were reading the tone of the questions correctly, and no way of checking any ambiguous sarcastic or ironic responses. I would not be able to follow up respondents, although this was also an advantage, as I wanted to ensure their anonymity. I also had no way of guaranteeing a research sample that was representative of my target population. Using computers can be a problem for some people with sensory impairment, although I did not expect this to be an issue with social workers, who are required to use computers a lot as part of their jobs. Another disadvantage of online questionnaires is that if they are too long, difficult or dull, the respondent might simply choose to give up. However, I felt this was a challenge to the design of the questionnaire, rather than a reason not to use it.

This method enabled me to ask enough questions about *'what'* social workers were doing. I also asked *what* was in their recommendations, and *what* factors they considered in order to reach those recommendations. An alternative way of looking at the question of planning was to see my investigations as asking *'how'* social workers reach their recommendations. This implies a more interpretative approach to the task by practitioners, where I might have asked them about *why* they approach contact planning in the way they do, particularly in the absence of practice guidelines. This was not my initial plan, as my core aim was only to develop a fairly objective factual understanding of what practitioners were doing.

However, consideration of how social workers make the contact decisions they do, also gives rise to questions about their subjectivity, and their personal choice of criteria on which to base their decisions. This in turn raises questions about their general views on special guardianship, and their interpretation of the meaning of their role as social workers. It

seemed clear that an additional qualitative investigation of practitioners' views on these issues would provide a much richer and deeper understanding of the thinking and motivation behind their contact planning.

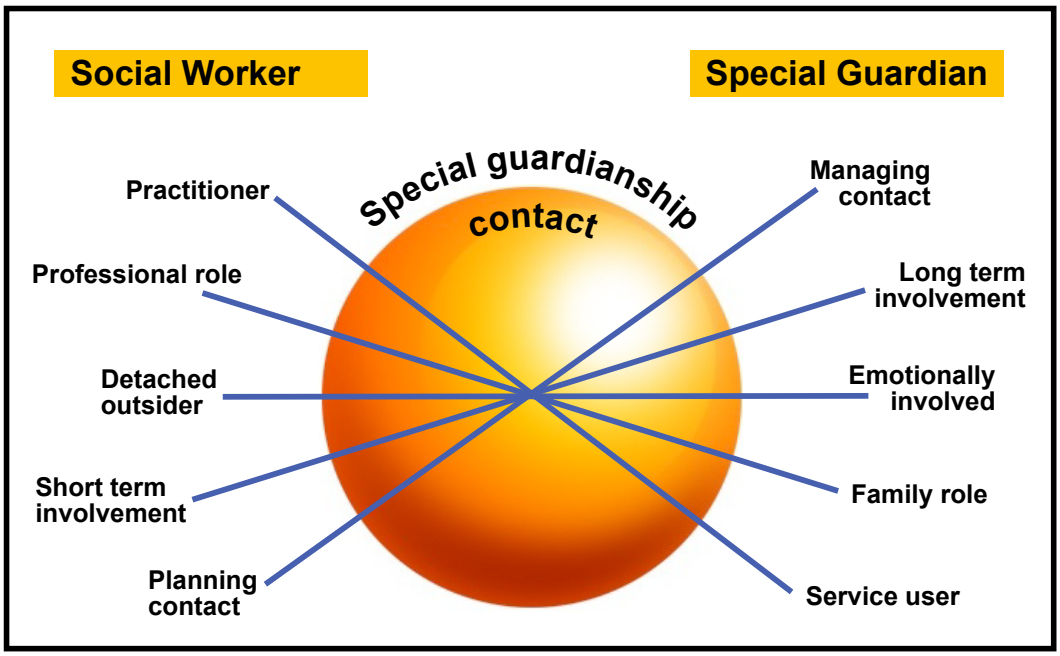
While a questionnaire approach was ideal for collecting the more objective information on what practitioners were doing, and it took me a long way towards the factual data I was seeking, it also had drawbacks. A survey was not be able to tell me about the reasons behind the decision making process, much beyond the bald facts of which criteria were considered, and it did not allow effective collection of rich qualitative data. The decision was therefore made to add a second level of research data collection, by holding two focus groups with social workers. These allowed the practitioners to express their views and ideas in more depth and at greater length, and to give explanations, and develop justifications and arguments between themselves. The more unstructured setting of a focus group permitted interviewees to "spark each other off" (Wellington & Szczerbinski, 2007, p.89), and provided opinions that I may not have anticipated in the design of my questionnaire. It also allowed participants to give more weight to issues they considered important, and to introduce new ways of considering and framing the subject. I anticipated that the verbal exchanges within the focus groups, which I recorded and then transcribed, would give me much richer verbal material, than the purely quantitative questionnaire. I hoped that by using focus groups I could gain a wider and deeper understanding of the subject.

Other methods of collecting data from individual social workers, such as 1-to-1 interviews and shadowing were not chosen because they did not offer the same possibilities of interaction and synergy between individuals. The researcher felt that a group environment would allow discussion to develop between participants, which had the potential to bring out opinions that they held but had previously not given much thought to. Focus groups would also allow access to a reasonable number of research subjects, which was important because of the researcher's limited resources of time. It was felt that two focus groups,

lasting one hour each, and which would allow access to 12 practitioners, was the most productive use of time to access the most participants. This mixed-methods approach offered the possibility of a more holistic understanding of the process through the eyes of social workers, which would also provide context for their more factual questionnaire responses.

The main advantage of focus groups, whereby they provide a platform for personal views and ideas, can also be seen as a disadvantage. My social worker groups only provided a platform for one group of individuals who had a specific, albeit central, role in contact planning. It might be assumed that their understanding of their professional role, might influence their opinions, and lead to the promotion of a collective narrative. While I was confident that social workers would provide strong viewpoints, their involvement in the contact planning process is deeply subjective, and therefore their opinions are too. The obvious way to counterbalance any data bias is to elicit the views of another group involved in the process, to gain another perspective. I decided that special guardians were the best people to provide this 'second opinion'. They should be involved with social workers in the contact planning process, as it is them that will be responsible for managing contact and carrying out the recommendations. Although they are not involved with every step of the decision-making, I feel that after the practitioners, they are the people most closely involved with the whole process. Both groups are involved with the process of special guardianship, but in many ways their involvement contrasts directly with each other (Fig 2). One group spend the best part of their days working in a professional role with colleagues, the other group spend a large part of their days at home in a caring role for a child. It might be anticipated that their understanding of the experience and reality of special guardianship is likely to be quite different.

Figure 2: The contrasting involvement in special guardianship contact of social workers and special guardians ©



Deciding to add a third level of research data collection, by holding two focus groups with special guardians, offered the possibility of opening another window of light onto what social workers were doing, and what they said they were doing. This was a way to 'cross-check' their interpretation, by reference to a different group of people with different experiences of contact. As with the social workers, focus groups were chosen for special guardians for reasons of resources and practicality over other methods. Special guardian support groups provided venues and ready-made meetings, which allowed me easy access to the carers. These additional focus groups meant I could talk to special guardians and explore the meaning they made of contact as well, which up until then had not formed part of the research plan. It also offered the chance to expand the scope of the research to include some consideration of outcomes on how the recommendations fared, once they were put into practice. Although this had not been part of the original question, such information on outcomes could be fed back to inform future planning on contact. This source of information was too valuable to overlook, and it seemed to complete a much more rounded solution to the research problem.

The final approach chosen to collect data to answer my research question was therefore a mixed-methods approach of a questionnaire for social workers to collect mainly quantitative data, and two focus groups for social workers and two focus groups for special guardians, to collect qualitative data.

3.1.3 Key objectives of the research

- To ascertain what social workers think are the important factors for consideration when deciding on their recommendations for future birth parent contact in special guardianship cases.
- To ascertain how much weight social workers give to the different factors.
- To gain an understanding of what recommendations social workers are currently making.
- To gain an understanding of the range of contact social workers are considering.
- To gain an understanding of social workers' personal views and attitudes towards contact.
- To ascertain what social workers see as the biggest threats to the success of contact.
- To ascertain how much social workers perceive their decisions as being based on experience and analysis.
- To ascertain how social workers address difficult contact decisions and what strategies they consider utilising to help.
- To gain an understanding of how special guardians view contact.
- To ascertain special guardians' views on the process for planning and deciding contact.
- To ascertain how special guardians feel their views on contact were taken into consideration by their social worker.
- To ascertain how special guardians feel their contact recommendations have worked.

3.2 Theoretical principles, paradigms and methodological approaches

Having decided on the research techniques of a quantitative questionnaire and qualitative focus groups to collect data, it is important to recognize that any such techniques are determined and affected by the way we understand and explain social issues. This study requires an intellectually rigorous approach which acknowledges how the research techniques chosen for collecting and analyzing the data (methods) are embedded in underlying assumptions, beliefs and values about the best way to gain knowledge about social reality, and which acknowledges how these research techniques are inextricably linked to and affected by the values they are informed by (methodology) (D'Cruz & Jones, 2012). Using information provided by social workers and special guardians in order to better understand the reality of special guardianship contact raises philosophical questions about the researcher's position on the nature of reality, and how knowledge of it can be acquired. For example, there may be an incongruence between what social workers tell me they do, and what they actually do. How I choose to select, use, interpret, assess and analyse what they say they do, in order to understand the reality of what they do, will depend on the theoretical position and approach that I adopt. This section lays out the theoretical framework and methodology for my research in order to reflect upon, evaluate and justify the methods I have chosen (Wellington & Szczerbinski, 2007).

3.2.1 Ontology and epistemology

The theoretical framework for any research is built on foundations of beliefs and assumptions about reality, and how an understanding of that reality can be acquired. Our views on our own being and social reality (ontology), and our knowledge about it, and how we gain that knowledge (epistemology), form part of our basic belief systems (Blaikie,

1993). They are assumptions that will affect how we gather knowledge to answer research questions (Bryman, 2008a; Guba & Lincoln, 1982, 1994). Different epistemological approaches to knowledge have led to different theoretical perspectives on how to acquire that knowledge, and these can broadly be characterised as existing on a spectrum with realism at one end, and idealism at the other (McLaughlin, 2012).

The realist ontological position asserts that reality has a single absolute existence, completely independent of human consciousness, and is perceived as a knowable and measurable truth (McLaughlin, 2012). This supports the positivist paradigm, where the appropriate epistemological approach to research would be on empirical analytical methods to obtain objective knowledge of that independent reality. Consequently, positivism is generally linked with quantitative research methods, which are concerned with collecting data by measurement or numbers, and will provide results that can be numerically calculated to provide statistics. Statistically analysed and tested data allows generalisation of the results, and is valued more highly as hard evidence (Bryman, 1988; D'Cruz & Jones, 2012), as it can be used to test a theory (deductive research) (Hek & Moule, 2006).

Alternative views question how the nature of reality could be considered without also considering how it is made known to us (Delanty & Strydom, 2003).

An idealist position on ontology supports the view that reality is a socially constructed interpretation, of our actions and experiences (Berger & Luckmann, 1966; Gergen, 1985, 2009). Social constructionism is an ontological position that rejects positivism and 'single reality' objectivism. Constructionists believe that researchers and their subjects are both inescapably subjective. They believe that our knowledge of the world is purely a construction, and that reality is only what each of us perceives it to be, based on ideas and thoughts about our personal interactions and experiences. Through reflection on these experiences, we gradually build an understanding of the world around us (Williams, 2016).

Where these perceptions are commonly accepted by others, they become institutionalised, and their inherent meaning becomes embedded in society. Assumptions, values and opinions become accepted, and underpin and influence our thinking. For example, social workers' assumptions about their professional roles and special guardians' assumptions about their responsibilities for their children are socially constructed interpretations, which will underpin and influence their views on special guardianship contact. With constructivist paradigms, the appropriate epistemological approach would be the researcher (interpretivist) endeavouring to interpret reality to disclose the underlying meaning of what people do. Social constructionism is linked to a relativist epistemology, whereby the social environment is the principal determinant of what we know.

Williams (2016) proposes that a moderate social constructionism and a moderate realism are compatible. As although social constructs are created out of subjective human thinking, they are based in the social world and can only be understood in that context. As Williams argues, practices and approaches may be socially constructed, but they have real life consequences.

3.2.2 The interpretivist approach

Some commentators take the view that the study of the complexities of social life in particular was ill served by the causal explanation of a positivist approach, and required subjective understanding, and investigation based on interpretive approaches (Bryman, 2008b; Williams, 2016). Interpretivists believe that reality for people is constructed and reconstructed through a web of interpretations and meanings, and embedded in their language (Williams, 2016). And an understanding of the social world can only be gained by interpreting or searching for the meaning in the language, context and background of the study subjects (McLaughlin, 2012). Max Weber (1978) one of the most influential social science interpretivists, argued that any explanation of the social world must also explain

meaning. The investigation of apparent meaning, which is at the core of interpretation, can *"disguise a complex pattern of beliefs and desires",* (Williams, 2016, p.114). The researcher must keep in mind that what the research subjects are presenting is an account of their reality, and this cannot just be taken at face value. As noted in the literature review, social workers' subjective values, beliefs and understanding of relevant factors and concepts will affect the evidence they look for, their analysis and their decision-making (Harris & Lindsey, 2002). In interpreting the meaning of social workers and special guardians, I need to set the stated views within the context of the subjects' different positions and perspectives, and also consider their assumptions, motivations, and reasons. The interpretivist approach believes that knowledge can be uncovered and interpreted by empathic dialogue with the research subjects, but that it can only be understood in context (D'Cruz & Jones, 2012). This perspective consequently favours a qualitative approach.

Interpretation of research results may also reveal patterns in these beliefs and desires, which the subjects are unaware of (Williams, 2016). For example, analysis of my data might show that social workers are consistently recommending higher levels of contact for mothers than for fathers, even though the practitioners do not realise they are doing this. One of the tasks of the interpretivist is therefore to look for meaning in emerging patterns. My wider epistemological approach could be described as applying a different perspective to the raw facts of what I am being told. Although I am not discounting what they are telling me, I am contrasting what the research subjects say they do, with what they actually do, and looking for patterns in both.

Qualitative research seeks to produce data about the quality of phenomena, such as values, experiences, language and meaning. Qualitative methods are usually semi-structured or unstructured, such as with focus groups, and use open questions. The researcher is a close insider to the subject (Bryman, 1988; D'Cruz & Jones, 2012), and may use the results to develop a theory or an understanding (inductive research) (Hek & Moule, 2006). Where

qualitative methods are based on an interpretative paradigm, the researcher would be expected to be continuously critically reflexive and reflective about their own subjectivity, and also the subjectivity of their research subjects, and the context within which that occurs (D'Cruz & Jones, 2012). This would include the researcher making it clear what their relevant assumptions and values are, and how they feel these have affected the choices they have made about their methods.

There are a number of qualitative approaches within interpretivism, including a social constructionist approach to grounded theory, which I believe has some relevance here. Glaser and Strauss developed the grounded theory approach to research (1967), whereby the researcher attempts to identify concepts and themes in the data, attach codes to them, and continually revise them until analysis leads to the emergence of a theory (Silverman, 2011). This is an inductive approach, where the researcher moves backwards and forwards between coding, data and theory, and gradually progresses from general observation to particular conclusions. Inductive inquiry values the individual perspectives of research subjects, and attempts to understand them, while being mindful to minimise the subjective influence of the researcher on the data collection (Hek & Moule, 2006).

There are elements in this approach of action research, which seeks to produce changes in policy and practice (Hek & Moule, 2006). However, that approach involves the researcher reflecting on the action to develop further change. That is beyond the scope of this study. Although my primary objective is to develop an understanding of current practice rather than to develop theory, I will be using elements of the analytical procedure of grounded theory. Urquhart (2013) notes that although the original emphasis of grounded theory was on theory generation, it is now primarily used as a method for analysing qualitative data. Or 'grounded theory lite' as Braun and Clarke refer to it (2006). This interpretative approach will help me find meaning and patterns in the data gathered from the focus groups.

3.2.3 Pragmatism

Interpretive and positivist perspectives are often presented as irreconcilable positions and incommensurate paradigms (Blaikie, 1993; D'Cruz & Jones, 2012). However, there has been a growing use of mixed methods research in recent years, and an acknowledgement of pragmatism as an accepted paradigm (McLaughlin, 2012, p.39).

The pragmatist paradigm proposes that the practical application of a theory is what principally determines its value (Charmaz, 2014). Reality is seen as fluid and indeterminate, where facts and values are linked and constantly subject to multiple interpretation and renegotiation. Pragmatists believe people are active and creative, and develop meaning and knowledge through their practical actions to solve problems. The emphasis is on process and change, and meaning developing from action. The choice of research methods is therefore primarily determined by what is most appropriate and relevant for achieving the objectives, rather than by any ontological position (McLaughlin, 2012).

Pragmatism is solely concerned with finding "the best possible fit between identified problem and investigative strategy and method" (Smith, 2011, p.30). The methods used by the pragmatist researcher are therefore driven by the research question rather than by an allegiance to any particular theoretical perspective. And the pragmatist researcher is free to mix and match methods as he or she feels is appropriate for the study.

Smith (2011) frames the contrasting critical views on pragmatism as follows. On the one hand, is the assertion that all social work research is 'political' and therefore pragmatist approaches cannot be justified because research methodologies must derive from theoretical perspectives. Consequently contrary methods cannot be mixed. D'Cruz and Jones support this view (2012), by arguing that social worker researchers are immediately and inescapably positioned by their identities as social workers, and so cannot dismiss their

professional assumptions and knowledge construction. Therefore research that does not specifically address a theoretical position, and link it to the chosen methods, is considered methodologically unsound.

On the other hand, pragmatists argue that researchers should be allowed to draw on the most useful methodological approaches for the task, whether they overlap with each other or not. Or, paraphrasing Little (1998), “choices about method are a matter of ‘rummaging’ in the ‘tool-bag’ for the best equipment for the task in hand” (Smith, 2011, p.32). With pragmatism, the intervention of the researcher is taken for granted, but their positioning is not a subject for deep analysis. Smith poses the question of whether it is possible for a researcher to ‘bracket-off’ their beliefs and values in order to adopt an entirely neutral position in a study of social work. And answers by suggesting it is possible that widely different methods could result in “a coherence of purpose and outcome” (2011, p.32). Smith concludes that the quality and credibility of the research and the competence of the methods is more important than “either political choices or assumed methodological hierarchies” (2011, p.33).

To summarise, the pragmatist paradigm offers an “almost anti-philosophical approach” (Williams, 2016,p.171) where the emphasis is less on theory, and more on change, objectives and effect. And it is the practical application of theories that determines their value to the researcher. This is analogous with the task-centred approach of social work (Reid, 1978) where the relevance of the process is determined by its usefulness in achieving aims and objectives. The pragmatist approach therefore has a lot of appeal to the social worker/researcher, whose primary focus is on answering the research question as comprehensively as possible. By its definition pragmatism supports a number of approaches including grounded theory, which shares an emphasis on change and process with pragmatism, and sits comfortably within the pragmatic paradigm, as its use spans interpretivist and positivist research paradigms (Charmaz, 2014; Urquhart, 2013). The

pragmatist researcher has the freedom to mix and match such methods, and use those that are the most appropriate for the task.

3.2.4 The researcher's phenomenology

My phenomenology might be summed up as moving carefully between the paradigms, whilst spending more time amongst the interpretivists. When I studied counselling, I realised that my world-view was very much in tune with the person-centred writings of Carl Rogers (1967). These espouse individualism and the recognising of individualism in others, ongoing self-development and personal change, and values rather than fixed theories. Consequently I have a natural reluctance to apply general labels to anyone, as the labels can become self-fulfilling stereotypes which influence the self-identity and behaviour of those they describe (Becker, 1963). Labelling is an example of social construction, whereby accepted group meaning influences individual behaviour. I would prefer to avoid the notion of tying myself to a single paradigm.

I currently believe that reality has an absolute existence, independent of life and human consciousness. I have no proof of this, so it is an assumption. But I am happy to accept assumptions where proof is unavailable, on the basis of pragmatism. I believe our knowledge of existence and reality is created in and by our minds, and so I would move towards the idealists and accept that reality for each of us is a social construction. I am sympathetic towards critical realism, and ideas on how social structures and their casual effects are also social constructions, and need to be understood in order for a researcher to understand the lived experiences of his or her research subjects. However, while accepting that reality is an individually socially constructed reality, I would not agree with the constructivist position that rejects a single reality. For example, if three individuals look at a Marmite jar on a table they will each see something different. This will depend on where they are sitting, the way light reflects off the jar, on the quality of their eyesight, whether they

have ever seen a Marmite jar before and know what it is, and many other factors. However, their different perception of the reality of a Marmite jar does not mean that it does not have a singular reality of its own. It is just that each person's perception of the Marmite jar's reality is being filtered through their own socially constructed cognition.

I believe our perception and understanding of reality is always subjective, but also that the subjectivity will differ depending on the nature of the reality being considered. And I believe our ability to gather harder more factual objective knowledge, will depend on the nature of the knowledge we are seeking to gather. For example, I am sure it would be easier to gather more objective quantitative knowledge from our volunteers on the dimensions of the Marmite jar, than objective qualitative knowledge on the taste of its contents. I believe the differing nature of people's subjective understanding of reality is particularly important in research into social life. The rich and diverse experiences of the research subjects, and the complex nature of their situations, mean that the gatherable knowledge is likely to span the entire range from the more objective to the wholly subjective.

For example, a practitioner's knowledge of special guardianship contact will be informed and moulded by their actions and experiences as a social worker. These experiences could be quite different from the social worker who sits at the next desk, and each of them will develop different knowledge and meaning ascribed to their personal experiences. I would suggest that a researcher could only learn about these meanings by using interpretative methods. Even in an absolute and verifiable world. However, on the other hand, if the information the researcher is seeking is more concrete, such as what is the level of contact the social worker has recommended most frequently, then I think a quantitative approach is justified. I would just add the proviso, that even quantitative questions and answers are subject to interpretation. I see nothing theoretically unsound about using whatever methodological approach best fits the research subject and the knowledge that the research wishes to gather. Although, I think the researcher has a responsibility to address the

subjectivity of the researcher and the people being studied, and to ensure that a consideration of social construction fully informs the research.

After wandering amongst the paradigms I would seem to be currently standing among the pragmatists. I agree with them, as I think Carl Rogers would, that people are creative and make meaning out of their actions and experiences, that reality is fluid, and facts and values are constantly changing and being re-interpreted. Like the pragmatists, I also think that the research problem should be the main determining factor in deciding on the methodology, and there is no reason why positivist and interpretivist approaches cannot be integrated into the same study with a mixed-methods approach tailored to the research problem.

"Study what interests and is of value to you, study it in the different ways you deem appropriate, and use the results in ways that can bring about positive consequences within your value system." (Tashakkori & Teddlie, 1998, p.30).

3.2.5 Why a mixed methods pragmatist approach is appropriate for this study

Having decided on an approach to my study where the research problem determines the mixture of methods to be used in the data collection, it is worth referring back to my question, to evaluate how well the methodology addresses the original problem. I am asking what the policy and practice is for social workers, in an area where there is very little existing research. My aim is to find out as much information as I can about how they are planning and recommending contact in special guardianship cases.

A pragmatist approach allows me to make choices about different research methods based solely on how relevant and appropriate they are for answering my research question. I do not see this as a rejection of the need for a theoretical position for the research, but as a

belief that theoretical positions should inform the research rather than determine it. I believe the method should be determined by what is most appropriate to meet the aim of answering the research question.

In choosing the specific method of data collection, the researcher's task is to select the method that will deliver the most useful data in regard to the research question. The complex nature of my subject matter and the range and volume of the information I hoped to collect led me quite early on to decide on using a questionnaire to gather data from social workers.

Using a questionnaire helped me meet several of my key objectives. It enabled me to involve special guardianship social workers from local authorities across England in the research. It allowed me to ask a large number of questions, so I was able to fully address the questions set in my key objectives. A questionnaire link could also be emailed to large groups, and the format enabled respondents a convenient way of participating in the research. This was by far the most practical way to try and reach social workers across the whole of the country, and maximised the potential number of respondents, which was one of my objectives.

The decision to use focus groups as a research method for gathering data from social workers was primarily determined by the information I hoped to collect from them. I hoped to gain a deeper understanding of the thinking and motivation behind the practice that they had detailed in the questionnaire. By using a different method I was able to augment the mainly quantitative data gained via the questionnaire with qualitative data that explored the reasoning behind their decisions. The ability to use different methods, which the pragmatist approach endorses, was therefore critical in offering me the chance to explore not only what recommendations social workers were making, but the context for those decisions and the thinking behind them.

The decision to add focus groups for practitioners and special guardians to the original research plan was based on a pragmatic focus on how best to answer the research question. Focus groups allow the researcher to ask questions on a defined theme, but also allow the group to interact and give direction to the discussion. This can lead to joint construction of meaning, and can provide richer data (Hek & Moule, 2006). I felt that a consideration of the how and why social workers do what they do, would provide a deeper and more holistic understanding of the issues on contact. Similarly, by incorporating the views of special guardians, I was adding personal views from a completely different perspective, which offered another layer of understanding. Gathering qualitative data via the focus groups did not form part of my original plan, but a pragmatist approach, whereby the research objective determines the method, led me to adapt and expand my methods to better answer the question.

The pragmatist paradigm also proposes that people develop meaning through social construction, and knowledge of values and facts are subject to multiple interpretations. So where social workers and special guardians develop different assumptions and values about their different roles, these might be expected to underpin different views on special guardianship contact. Holding focus groups for both practitioners and carers, gave me the opportunity to not only gain their individual views, but to check their views against one another in order to tease out and interpret a better understanding of their underlying meaning.

Quantitative research has traditionally been used to test theories (D'Cruz & Jones, 2012). However, this was not the case with my questionnaire, as there was very little known about the subject matter being investigated, and my questionnaire and focus groups were concerned with collecting data for a general understanding rather than to confirm or disprove a theory. While I therefore did not need to employ the theory-building element of grounded theory, I did see a use for some elements of its inductive approach to analytical

procedure, including the identification of concepts and themes in the data. Again, the pragmatist approach allowed me to incorporate elements of different methods where I felt they were appropriate to my objective.

In recommending a mixed methods approach to this study, I think it is worth stressing one final point: namely the highly complicated nature of special guardianship. This view comes from the author's own professional experience, and is borne out by the research findings. Special guardianship has all the typical convolutions of social life and social work, with specific issues such as the diversity and complexity of individual cases, involving intense family relationships and constantly shifting situations and dynamics. Research questions which tackle broad and complex issues like this tend to benefit most from mixed methods approaches, as these offer a wider perspective and address the research problem more comprehensively, which in turn results in a deeper and broader understanding of the issues (Hek & Moule, 2006; Tariq & Woodman, 2013).

In summary therefore, I decided that the mixed methods of an online questionnaire of social workers, and two focus groups of social workers and two of special guardians, would enable me to meet the aim of this study.

Jennifer Greene developed a classification of five rationales for undertaking research using mixed-methods (Green *et al.,* 1989). These covered triangulation (different methods validating each other), complementarity (using one method to enhance another), development (using one method to improve another), initiation (to look for contradictions) and expansion (to broaden the scope of the research). I have applied these to my methodology.

By using a questionnaire, and focus groups for practitioners and special guardians, I was in effect using three methods. I believe using different approaches gave more comprehensive

data and provided perspectives and insights that would otherwise have been missed, as the strengths of one approach compensated for the deficiencies of another. The hope was also that the focus groups and the questionnaire would inform each other. So for example, focus group answers provided insight into questionnaire answers. These approaches enabled me to gather statistics and narrative. The use of focus groups allowed some triangulation of the questionnaire results, where information had been collected on the same issues. This meant that the focus group results could validate the questionnaire results, and vice versa, thereby providing stronger and more trustworthy evidence. However, the researcher had to remember that the different methods resulted in different ways of knowing about reality and therefore provided different answers (McLaughlin, 2012), so it was vital with a mixed methods approach to explain why any meanings were different. I think my approach fits all of Greene's rationales, with the exception of 'development', which concerns how one method can help develop another to be more effective. This was not possible with my study, as time constraints meant that the questionnaire and focus groups ran concurrently.

I believe that considering the resources, time and skills available to me, the chosen methods were the most practical and relevant approach to my research question. I think they provided a broad range of new information on special guardianship contact, ranging from factual information on the practices being undertaken to the views and feelings of some of those most closely involved. I think this provided a comprehensive overview of the subject, and a tailored response to my research question.

3.2.6 Analysis of the results

Once the four focus groups had been held and the questionnaire had been closed, the data collection phase of the research was completed, and I moved on to data analysis. The process of data analysis involved making sense of the data, in order to develop and understand the meaning generated by the research subjects (D'Cruz & Jones, 2012). Just

as the pragmatist approach dictates that the research method should be determined by the aims of the project, so the choice of analytical methods should also be determined by their suitability for answering the research question and telling me what I wanted to find out (Walliman. 2011). Research can aim to construct theories or test hypotheses, but my principal aim was to explore. As has been noted, the core of this study was to explore what happens when social workers plan and recommend contact. Because of the methods chosen, the data collected fell naturally into two categories: mainly quantitative and qualitative.

The quantitative questionnaire data was downloaded into SPSS Statistics v22 (Statistical Package for the Social Sciences), which organised the data and prepared it for measurement and statistical analysis. This was initially approached by using exploratory, content analysis, to look at statistics and simple frequencies. This revealed a large amount of descriptive statistics, which achieved my initial study aim of getting a sizeable subject group of social workers to tell me what recommendations they had made, and the reasons why they had made them. The practitioners provided objective data on the frequencies and duration of their contact recommendations, different types of contact, other directions they included, and factors that they took into consideration. The questionnaire also provided descriptive information about the participants, such as age and ethnicity, and about the child on which their answers were based.

I then started to identify questions to ask of the data, in order to examine whether any of these descriptive variables influenced the pattern of findings. The study finally provided 102 usable questionnaires (n = 102), which I felt was a reasonable sample for identifying patterns and frequencies. But the small sample size allowed very little statistically significant testing of relationships between variables to identify any possible correlations or causal links. For example, only 12 of the participants who reported their gender were male, which did not allow useful comparison of this variable. After consideration of the responses, only

three independent variables were considered usable for bivariate analyses (the social workers' age, their years of practice, and the age of the child at the time the SGO was granted). These were tested against seven different dependent variables regarding levels of contact and social workers' views. Of the 21 tests, only two produced statistically significant results showing an association between the variables ($p<.05$). Although work on the quantitative data was mostly limited to descriptive analysis, with very little statistical analysis, use of SPSS did allow clear and informative presentation of the data on what contact social workers were planning and recommending, thus answering my core question.

The second part of the study involved recording focus group participants, and then transcribing the recordings. The aim was to gather richer more subjective, qualitative data, which would inform a deeper understanding of the information gathered by the questionnaire. This aim necessitated a type of analysis that enabled me to identify, tease out and interpret a deeper more nuanced level of meaning in the data. Additionally, the semi-structured nature of this data generation meant that the raw data was produced in a form that did not lend itself easily to processing (D'Cruz & Jones, 2012). So a clear and systematic approach to analysis was required, in order to avoid mis-coding and mis-labeling. My chosen method to address both criteria was to use some of the analytical procedures of grounded theory, specifically in thematic analysis through coding of the data. There are software packages such as NVivo available for qualitative analysis, however for a small-scale study like mine I decided that a self-made, colour-coding method suited my working practice better. Not only did this allow me to design a tailor-made coding system, but it allowed me to adapt it as and when required, depending on the needs of the project.

Grounded theory *'in vivo coding'* initially involves the researcher closely reviewing the raw data, and choosing significant words, sentences or paragraphs, which the researcher feels have interesting actual or latent content. These are highlighted with a provisional code, and labeled with a memo (Braun & Clarke, 2006; Silverman, 2011). The writing of memos helps

the researcher to identify and categorise the codes into groups. This conceptualization of the properties of the codes, allows them to be compared, grouped and analysed, which in turn leads to insights and leads for further coding (Breckenridge & Jones, 2009). This constant comparative approach, using theoretical sampling to gather new data, leads through a process of induction to the emergence of 'a posteriori' theory that is 'grounded' in the data. While I intended to adopt the coding element of this process, I did not intend to go as far as trying to generate theory. However, I wanted to make use of the iterative process of continuing to compare data, codes, memos and categories, and "refine categories until no new issues emerge" (Silverman, 2011, p.72).

Braun and Clarke (2006) suggest a six-phase process for thematic analysis of qualitative data, which I broadly followed. This starts with familiarisation with the data and then generation of initial codes, for the smallest sections of individually significant data. The third phase involves searching for common themes and sub-themes among the codes. This broader analysis is followed by reviewing of the themes, where the researcher makes a critical selection of the themes that are considered most important, and supported by the data. Each theme is defined, refined and named to identify which facet of the data it captures, and this leads to the final phase where a report of the analysis is produced. Thematic analysis seeks to identify themes and patterns within data, by interpreting code frequency, code importance, links between codes and identifying co-occurrence to extract meaning from the data in relation to the research question. In my study this followed a 'bottom up' inductive data-driven process, where the themes emerge from the data, rather than from pre-existing theory.

The colour-coding system that I designed started by identifying sections of data which communicated individual opinions or ideas, and labeling them with memos that reflected their content. Each code was given a colour and number. Where a new piece of data did not seem to match an existing code, it was given a new one. As the codes began to form

groups, and the nature of the groups became clearer, the code titles and groups were adapted and developed to better reflect what was coming out of the data. Each code was given a description, and each individual section of dialogue that had been coded was summarised. Once the data had been fully coded, the codes were analysed by subject matter and interpretation of their content. The interpretative coding gave me 39 distinctive groups of theoretical notes, which were reviewed, compared, checked for contradictions and validity, grouped into themes and reviewed again. The analysis process is described in full detail in Chapter 4 – Methods (4.3.5).

Finally, it is worth clarifying the type and scope of the thematic analysis I wanted to conduct. My objective was to generate a comprehensive thematic description so that the reader gets a reflection of the entire qualitative data set. I intended to provide a description of the overall content, rather than only focusing on particular themes. This approach can result in the loss of some depth and detail, but it is a useful method for the investigation of under researched fields (Braun & Clarke, 2006), as is the case with special guardianship contact.

This method of analysis allowed systematic interpretation of the data to produce a much deeper and more holistic understanding of social worker involvement in contact planning than the questionnaire data alone could provide, and also an understanding of the views and involvement of special guardians. Furthermore, the analysis identified the emergence of a number of important themes from the data. This was done in a rigorously systematic way, to ensure as structured an analysis of the data as possible, and a comprehensive interpretation of the entire qualitative data set.

3.3 The study – context, insider research and evaluation

3.3.1 Existing research

As noted previously, there is a shortage of research available on special guardianship. The most significant study was Wade's investigation for the DfE (2014). Wade adopted a mixed methods approach, analyzing government datasets (SSDA 903) for quantitative data, and locating a further study in seven local authorities, where 230 special guardianship families answered questionnaires to provide quantitative and qualitative data on their experiences. Other special guardianship research has followed a similar pattern of mixed methods, where quantitative data has been gathered on the basic figures for cases (predominantly from government sources), and qualitative data has been gathered by interviews or questionnaires with professionals or carers. For example, Hall (2008a) analysed court files on special guardian cases and also investigated the views of professionals. And Selwyn and Masson, in their study on disruption rates (2014), analysed DfE datasets and also contacted local authority adoption managers. This latter example produced mostly quantitative data, and some other studies have focused on a single method. Selwyn and Nandy (2012) produced a quantitative analysis of sibling kinship carers based on UK census data, whereas Ward (2004) conducted qualitative interviews with special guardians and their children in New Zealand. One other approach has been where barristers such as Abigail Bond and Gabriella Posner, writing in Family Law, (2007, 2007) have analysed judgements in special guardianship cases. With the exception of the last example, all of the authors provided a description of the methods they had used. However, none of the authors discussed their epistemological position or provided a theoretical framework for their research.

3.3.2 Context of my methodology

My research methods follow a similar mixed methods approach to that used by other researchers in special guardianship, and related subjects such as contact and kinship care. Broadly speaking, these usually involve a mixture of quantitative methods such as questionnaires or analysis of government data, and qualitative methods such as interviews or focus groups. In some cases the researcher only used one of these methods, depending on the subject.

Very few of the published research papers detail a theoretical framework behind the work, so it could be inferred that the researchers have adopted a pragmatic position by default. I would therefore contend that my research methodology is commonly used and typical of comparable research studies in the chosen field. My methods are therefore situated within the overall 'tradition' of this subject area.

I think the methodology for this study is transferable, although similar methods are already in widespread use. I have not come across another study that has attempted to contact social workers in all of the local authorities in England, and so the methods detailed later in the study may be of some use to other researchers.

3.3.3 Underlying assumptions and insider research – the position of the practitioner/researcher

Research into social work, like all research, has political, cultural, organisational and ethical dimensions, where previous research, theories, debates and accepted professional wisdom inform the thinking of the researcher, and his or her approach to acquiring knowledge (D'Cruz & Jones, 2012). These intellectual assumptions will influence the choice of research

subject, the framing of the research question, the design of the study, the methods used, and the analysis of the results. Whereas positivists believed that knowledge of phenomena in the natural and social world could be gained by theoretically neutral study (McLaughlin, 2012), an interpretative approach inherently acknowledges the researcher's subjective involvement in the study. The social worker researcher therefore needs a self-awareness of his or her positioning as a social worker, and epistemological perspective as a researcher (D'Cruz & Jones, 2012).

As a special guardianship social worker conducting research on special guardianship social workers, my positioning is as an 'insider researcher' who shares group membership and characteristics with the research subjects (Loxley & Seery, 2008). Insider research has a number of practical benefits, including the researcher's knowledge of the field of study, familiarity with the culture of the research subjects, and easier access to the social groups being studied (Greene, 2014). Drawbacks tend to be focused on the loss of objectivity in the research. Insider research is vulnerable to criticism that the researcher's subjective involvement in the field of study, and pre-conceived beliefs and values on it, will impede and bias analysis of data.

Chavez (2008) refers to different categories of insider researchers, and in order to aid transparency it is worth trying to clarify my own position. I have worked as a social worker in special guardianship for four years. My choice of research subject, and the questions for the questionnaire and focus groups were based on my personal practice knowledge and experience. None of the research subjects were known to me beforehand, however during the organization of the focus groups participants were made aware that I was a social worker. This may have affected how the social workers and special guardians responded to me. For example, a carer might have modified a view they expressed if they thought a practitioner would not approve it of.

Although I cannot eradicate subjectivity from my research, I can try and manage its effects. This involves recognizing and questioning my assumptions, and reflecting on which of my positions or identities may affect or complicate the study (Chavez, 2008). Another technique is to involve multiple sources in the research where appropriate, to mitigate the primacy of my involvement (Greene, 2014). An example of where I have done this is by involving colleagues in testing my questionnaire pilot, and the use of a university supervisor. Triangulation of the research results, between the questionnaire respondents, and the different focus groups is another example.

Another technique employed, was to design the research collection methods in a way that allowed plenty of opportunity for respondents to provide additional views, which were not dependent on my subjective questions. In the questionnaire, respondents had the option to add alternative answers and make additional comments. And although the focus group was based on my subjective choice of questions, the format of the sessions allowed participants a lot of freedom to say whatever they wanted. The framing of my questions may have influenced the replies given by respondents, but both social workers and special guardians seemed to hold strong views, which they were able to express. In this way I tried to reduce how I limited their choice of answers.

The subjectivity of the researcher in this study is unavoidable, but by transparently acknowledging the potential for bias the researcher aims to provide the reader with enough of an overview of the method to come to their own conclusions on its quality and trustworthiness.

3.3.4 Evaluating the success of the project

D'Cruz and Jones (2012) describe four commonly used criteria for evaluating how trustworthy and credible a research methodology is. These cover (1) the reliability and consistency of the research method, (2) the internal validity of the research to measure what I think it is measuring, (3) the generalisability of the research to the wider population, and (4) the objectivity of the research and neutralising of the researcher's personal influence.

I think the transparent way the methodology has been set down means that the ability of the research method to provide consistent results and measure what it says it does, are as good as they can be in social world research. The generalisability of my research is similarly limited by the nature of the research subject, which is focused on a very specific professional field. The need for as much objectivity in the research as possible, and the need to minimise the influence of the researcher, have been acknowledged. This has been achieved by using non-identifying questionnaires, where the researcher has no contact with the subject. However, it is not possible to replicate this objectivity with the focus groups. Therefore it is necessary for the researcher to acknowledge involvement, and make every effort to limit influence.

This study aimed to shine a light on one of the most important areas of permanency planning for children in England, which up until now has been poorly served by research or investigation. The principal aim was to provide as much information as possible on current social worker practice and policy on planning and recommending special guardianship contact. This incorporated the aim of understanding how social workers are reaching their decisions.

A basic criteria for judging the success of the research was therefore that it provided enough data for the reader to be confident in forming a view of what approach is typically

being taken to contact planning by social workers in local authorities across the country.

In view of the opportunity to question and talk to practitioners in focus groups, I expected enough information to be provided for readers to gain an understanding of how and why social workers are making the decisions and recommendations they do. I also expected enough information for the reader to form a general view of social worker attitudes to special guardianship contact.

I expected the focus groups with the special guardians to provide an alternative perspective on contact and contact planning. I anticipated that the carers would have a wide range of views, and a successful outcome for this part of the study was if those views and opinions were clearly articulated. This research adopted a neutral stance, and so I did not commence the focus groups expecting the special guardians to either agree with or disagree with the views of the social workers. Either outcome, or a combination of the two, would have been equally acceptable.

Finally, in view of the size of the questionnaire and the time spent with the four focus groups, I anticipated being able to collect a significant amount of data. It was hoped that with such comprehensive results it would be possible to identify important themes and areas for improvement. So the ultimate criteria for success of this project would be if the research results were able to support practice knowledge and development.

3.3.5 Summary

This chapter has explained the formation of a methodological approach, based on a pragmatist theoretical position. It explains how the data was collected, the reasons for using the methods I chose, and how the data was analysed. The expectations of the study were outlined and criteria were defined in order to evaluate success of the project.

I have justified my methodological approach, and clarified my phenomenology, underlying assumptions and position as an insider researcher. This led the author to adopt a mixed-methods approach, where tailoring the research method to the research question was the driving factor. The chosen methods were a national online questionnaire and four focus groups, which used an interpretivist approach and elements of the analytical procedure of grounded theory in order to generate inductive research. The combination of methods allowed me to collect quantitative data on contact planning and recommendations, and qualitative data from professionals and service-users. It allowed me to access alternative views and perspectives, triangulate the results, and provide a deeper and more rounded understanding of the question of social worker practice on planning special guardianship contact. This methodology sits within the tradition of other research in this field, and followed a tried and trusted approach to social work research. However, I think the innovation in this study was the scope and ambition with which it attempted to identify and involve its specialist research subjects. This will be explored further in the next chapter.

I think there is some transferability in this methodology, as a large-scale national questionnaire to local authority social workers in such a specialist area as special guardianship may not have been attempted before. I think there is limited scope for generalising the data and the results, as they are quite specific to the field of special guardianship. However, where there is some overlap with other areas of kinship care, this study may prove of use. For example, birth parent contact has to be planned in some other social care contexts.

There were limitations on the resources available to the research, as the study has been self-funded and undertaken alongside my full-time job as a senior practitioner social worker in a local authority. I believe the chosen method provides a practical, comprehensive and theoretically sound solution to the research problem.

Chapter Four Methods

4.1 Overview of the study design

This chapter describes in detail the methods employed for the two elements of the research study. As noted in the previous chapter, the basic method of a questionnaire augmented by four focus groups was chosen as the best way of providing the necessary data to answer the research question and develop a comprehensive understanding of the subject.

The online questionnaire was chosen because it offered potential direct one-to-one access to a large number of social workers, through the emailing of a link to a website, and blanket coverage of local authorities across the country. It enabled me to pose a large number of questions in a way that would be convenient for participants to access and easy to complete. In this way I gathered enough data to examine patterns in the way that social workers make their recommendations on contact, and built an understanding of the kinds of cognitive processes they undertake in order to arrive at their decisions. The questionnaire was an ideal way to cover a complex subject, yet gather a large amount of quantitative data in a simple-to-organise format.

The focus group method was chosen to provide rich meaningful qualitative data on the individual opinions and ideas of a substantial number of local authority social workers, and special guardians who are managing contact for their children. The only way to gather this depth of information was to talk to the individuals and listen to their views, and this platform for the contrasting perspectives of practitioners and carers, enabled them to develop explanations and arguments, and give more weight to the issues they felt were most important. This meant that I had to conduct two different types of focus groups, but I saw this as the most productive use of time, considering my limited resources.

4.2 Questionnaire methods

4.2.1 Design of the questionnaire and pilot

Walliman (2011) suggests five simple rules for devising a questionnaire. First and foremost of these is a clear understanding of the variables about which the researcher wants to gather data. This can be seen as a process of working backwards from the information and answers the researcher wants to gather, to the questions to be asked (and not asked). Walliman's other rules broadly concern the design of the questionnaire, rather than its content. The questions should be clear, simple, unambiguous and avoid assumptions, and the whole questionnaire should be professionally presented and as short as possible. Consideration should also be given to how the collected data will be processed, as this may influence the design of the layout. I would also add the requirement for the data collection method to ensure as much reliability and validity in the research as possible, with consistent measurement techniques, and measurement of what the researcher intends to measure (Hek & Moule, 2006).

My first consideration was therefore what information I would gather and what questions I would ask. This was principally determined by my research question and the overall aims of my research, which was to understand how social workers make their contact plans and recommendations. Having planned contact in special guardianship cases many times myself, I am familiar with the main issues that are generally considered. My awareness of the subject has been broadened by discussion of cases with colleagues in supervision, with social workers at conferences and local networking groups, with professionals from other local authorities, and by study of research.

My first draft of the questionnaire questions was an attempt to capture every single

component part of the contact recommending process that social workers go through. This gave me nearly 100 questions, which fell naturally into several groups. Because I wanted to find out what sort of recommendations social workers were making, I based a number of questions on all the possible recommendation variables I was aware of. These included contact for the birth mother and birth father (separately), contact duration, frequency, venues, different types of contact, and use of support plans. A second group of questions emerged from the first group, concerning factors that had led to and influenced the decisions. For the questions in this group, I listed all the determining factors that I thought could possibly affect a social worker's decisions on contact. I deliberately went beyond the factors I would consider in a special guardianship case, and tried to list all the possible factors. By listing factors in the questionnaire, I felt there was a risk that I was implying those factors were something social workers *should be* considering, and that this might influence respondents' answers. I felt the best way to mitigate any bias was to require answers in the form of a likert scale, which asked respondents to rate the various factors on a scale of 0-10. Therefore if respondents did infer anything from the inclusion of different factors, it included the option of considering that the factor had zero importance for them. The second group of questions, regarding why social workers made the decisions they did, covered a wide range of factors including relationships, previous behaviours, personal views, risk analysis and consideration of different options. The issues covered in this group coalesced naturally into questions covering the birth parents, the child, the special guardians, and a few questions covering other issues. I also offered respondents the chance to detail any other factors that they thought were important, that I had not included.

I felt that it might be helpful to also find out about social workers more general views and opinions on contact, in addition to the specific 'case-related' factors they considered, as these might shed further light on what was behind their decisions. For example, I asked about the highest level of contact that social workers would consider recommending, and what level of contact they recommended most often.

In order to gather some socio-demographic data on the questionnaire respondents, I included a short section of questions on their identity and background. These included questions on their age, the length of time they had been practicing as a social worker, and the number of SGO cases they had worked on. I did consider whether I should only include respondents who had worked on a minimum number of cases. But as my research progressed, it became increasingly clear how difficult it was to get social workers from local authorities to participate, and so I felt a better approach would be to simply note the social workers' years of experience, which would inform the research without limiting the number of responses.

Once I had decided to ask questionnaire respondents to base their answers on one single special guardianship case that they had recently completed, it was logical to gather some background information on that case, to get some context. Most of these questions related to the particular child or children involved. My intention was to build profiles of the children involved in the cases I was researching. Wade's (2014) research on special guardianship had built up a picture of the characteristics of special guardian children nationally. By using the same identifying characteristics, I built profiles of the children my research applied to, that I was able to compare with Wade's national average. The questions therefore covered details such as age of the child at the time of the SGO, and need code at first entry into care.

Finally, brief explanatory notes for respondents were added to the questions, to make them more understandable.

INFORMATION SHEET AND CONSENT FORM

One of the most important ethical considerations for any research is obtaining informed consent from the research subject. I achieved this by use of an Information Sheet, which

introduced and explained my research, and a Consent Form, which participants had to agree to and sign before being allowed to start the questionnaire. The Questionnaire Information Sheet (Appendix 2) was a two-page document, emailed to special guardianship team managers, for them to circulate amongst their social workers. It provided a detailed summary of the aims of the research, how it would work, who was conducting it, how the data would be used, how the wellbeing of participants would be protected, the extent of confidentiality and anonymity, and various other details including the process for making a complaint to the researcher or the university. At the end of the Information Sheet was a web link, which any interested social worker could use to access the online questionnaire.

Once they clicked on the web link and reached the questionnaire, potential participants were faced by a title page, which contained the Consent Form (Appendix 3). The text of my consent form was based on designs used by the University of Nottingham, the University of Bolton and St John University, York, which I adapted to my specific requirements. My Consent Form detailed the conditions of the agreement between researcher and participants, under which participants were being asked to take part in the research. This included details of the point at which consent could, and could not, be withdrawn, guarantees on confidentiality and anonymity for participants and their local authorities, and details of how the data would be stored and when it would be finally destroyed. Contact details for the researcher and the university research supervisor were repeated, as were details of the complaints process.

If social workers decided to take part in the questionnaire, they had to tick a box on the Consent Form page, to say they understood these conditions and agreed to them. I asked participants to tick a box rather than sign their names, in order to preserve their anonymity. Only after they had ticked the box could they proceed to the rest of the questionnaire (Appendix 4). In this way all participants provided informed consent.

QUESTIONNAIRE PILOT STUDY

Once I had decided on the final content of my questionnaire, it was put online using Qualtrics software. This process is detailed in 4.2.4. I was then able to pilot the questionnaire with my colleagues and supervisors, including Jim Wade (2014) at the University of York, who had agreed to act as an advisory supervisor to the study. My team manager at my own local authority agreed to other special guardianship social workers helping with the research, and three colleagues piloted the questionnaire. Ideally the pilot test should be conducted with people from a similar group to the intended research sample, so as to replicate levels of understanding of the questionnaire subject matter (Walliman, 2011). My colleagues test piloted the questionnaire, and provided several suggestions, most of which referred to the phrasing of questions, and different answer options.

When the questionnaire was being designed, an early problem became apparent when it was realised that some respondents might choose a case to base their answers on that involved more than one child. This raised the possibility of having to deal with 'multiple children answers', which would necessitate a much longer questionnaire and more work for the respondents completing it, as well as complicated filtering of the answers. In order to avoid expanding the questionnaire to a size that would deter respondents, it was therefore decided to ask the social workers completing it to instead choose one index child from the case they wanted to use. This was to be the eldest child, and they would then base their answers solely on this child. By using this approach I lost some data, but I felt it was justified for practical reasons.

I also decided to add an ethnicity question to the section profiling the respondents. After considering various options for this question, I chose the categorizations recommended by the Office for National Statistics for ethnicity surveys (2015). To standardise my profiles, I also used this categorization for determining the ethnicity of the index child.

Some other minor suggestions, including from colleagues, were also incorporated into the questionnaire design. The feedback from colleagues was that the questionnaire was user-friendly, understandable and took between 20-40 minutes to complete, which they had expected from reading the Information Sheet, and did not find excessive.

4.2.2 Recruiting local authority participation

Conducting my research via an online questionnaire gave me the opportunity to make it available to an unlimited number of social workers, and I decided that approaching all the local authorities in England would give me an ambitious but attainable research population. Special guardianship social workers are often located within local authority fostering and adoption teams. The very smallest local authorities (Scilly Isles, Rutland, and City of Westminster) contract out this work to larger neighbouring councils, so I decided to omit them from my recruitment list. I also omitted the local authority where I work, as I personally know all the special guardianship social workers, and that would introduce bias into any data they provided.

This left me with a total of 149 local authorities to approach for permission to work with their special guardianship social workers. This list comprised 27 County Councils, 36 Metropolitan District Councils, 53 English Unitary Councils and 33 London Borough Councils.

My first approach to the local authorities was to review their websites, to find out which of them published details of their research governance processes. In 2005, the Department of Health published a ‘Social Care Implementation Plan’ (DoH, 2005), which set out guidelines for all local authorities to develop a good research governance process for assessing outside bodies and individuals who wish to undertake research with them. This included

establishing transparent systems of research approval, and the provision of supporting documents such as application forms and 'how to apply' guidance (DoH, 2010). Of the 149 local authority websites I reviewed, 31 had information on research governance and applications to do research. Unfortunately 118 of the local authority websites had no information on research governance, although two of them (Bracknell Forest BC and Leeds City Council) later provided details of their research governance processes from their internal intranets. I then began contacting the remaining 116 local authorities via their customer service teams and the information request forms on their websites. My aim was to identify the person in each local authority who could give permission for my research, in the absence of them having any research governance processes.

After several months of form filling and emailing, almost two thirds of the local authorities had replied, although not all of these had provided useful responses, and some of my contacts that had replied then disappeared. Of the 116 local authorities, I received some kind of response from 72, and no response at all from 44. Where I received no response at all, or the local authority had provided bad information or an ineffective response, I decided to submit Freedom of Information requests, asking them to identify their research governance decision maker. In early October 2016 I submitted Freedom of Information requests to 76 local authorities.

Some local authorities were still reluctant to cooperate, claiming that the information I was seeking was not covered by Freedom of Information obligations. However with a little persuasion, by the end of 2016 all 116 had put forward names and contact details of individuals they said could make a decision on approving council participation with my research. These designated individuals held a wide range of posts within the different local authorities, ranging from Directors of Children's Services to a Team Manager. The names of a number of these posts suggested a connection to research, for example a Research, Intelligence and Consultation Manager, a Corporate Research Manager, and a Senior

Manager Governance. However, with others the link to research appeared more tenuous, for example a Business Intelligence Manager, and an Operations Officer. The most common posts of people put forward as decision makers for my research, by those local authorities who did not have research governance processes in place, were Service Managers, followed by Heads of Service and Principal Social Workers.

I held discussions with my university supervisor about the ethical legitimacy of accepting whoever each local authority put forward as their research governance decision maker. Eventually I made the decision, which was endorsed by my supervisor, that the choice of decision maker was the responsibility of individual local authorities, and I had no option but to accept whoever they designated.

SUBMITTING APPLICATIONS TO DO RESEARCH

Once I had details of either research governance processes or contact details for a decision maker, for each local authority, I was able to start applying for permission to conduct my research. Most of the councils with processes in place had their own application forms. Many were very similar to each other, and used the same questions. In order to avoid unnecessarily duplicating my work, I built a model of the different questions asked, and my answers to them. I then used these for cutting and pasting into each local authority application form, before editing and tailoring them to the specific question. All of these local authorities also required copies of my research proposal, questionnaire, information sheet, university Research Ethics Committee approval and research programme approval. Details of the process of gaining ethics committee approval for this study are detailed in 4.4. Some local authorities also required a risk assessment, my DBS certificate, and details of my university insurance and supervisor's CV. Where local authorities did not have their own application forms, but had provided the name of a decision maker, I submitted a completed copy of an anonymised form from one of the other councils, with all the supporting

documents. I chose an application form that was well designed, with a comprehensive range of relevant questions.

LOCAL AUTHORITY RESPONSES TO APPLICATIONS

Generally there was a positive response from decision makers to receipt of my application forms. A few replied that they did not think they were the appropriate person to handle my application, but these people all tried to locate a suitable alternative. Five local authorities said they would not consider my application unless I was granted ADCS approval, although three of those did subsequently agree to participate. Several raised queries about specific elements of my research method or details in some of my questionnaire questions, and several offered useful suggestions. For example, it was pointed out that a service-user's name could be entered in any of the text boxes in the questionnaire. Even though I had explained that all identifying names would be removed, it was suggested that I add a line to the Consent Form warning respondents not to use personal names. This proposal and several other minor suggestions were incorporated into the research design.

GETTING THROUGH TO THE RIGHT DECISION MAKER

Once I had submitted the research applications, and received decisions from some of the councils, I embarked on the challenge of trying to prompt, persuade and cajole the rest into providing a decision on whether to participate. This process took many months, with several authorities losing or mis-directing my application form, decision makers moving jobs, and recipients involving colleagues who did not respond. Many decisions had to be made by a governance committee or regular meeting of managers or directors. Many came back asking for further information or clarification after these meetings. The most frequent cause of delay was where my application had been forwarded to an identified decision maker, but no further response was forthcoming. In some cases, where it became obvious that the

proposed decision maker was not the appropriate person, I retraced my steps back to original contacts and, in some cases, back to the Freedom of Information Team, to start the process again.

Eventually I felt I had exhausted the possibilities for coaxing any more councils into deciding on participating with my research. By then, out of the 149 local authorities, 71 had agreed that their social workers could take part in my questionnaire, 49 had declined, and 29 had not provided a decision. In addition, one local authority had agreed to take part in a focus group, but not with the questionnaire. Interestingly, seven local authorities that had research governance procedures in place and had their own application forms were amongst those that were unable to provide a decision on the research.

There was no obvious pattern in the local authorities that declined to take part, with an equal geographic spread between North, South and Midlands councils, and organizationally between county, metropolitan, unitary and London councils. There were twice as many refusals from Labour controlled local authorities as from Conservative controlled ones, although Labour only control about 25% more councils in England. No specific reason for declining to participate was given in 15 cases. Where a reason was given, the most frequent explanation was ‘staff workload and not enough resources’ (x17). The next most common reasons were ‘changes or restructuring going on’ (x8), and ‘already working with other researchers’ (x6). Other reasons given were ‘not having dedicated SGO workers’ (x5), ‘dealing with Ofsted’ (x2), and ‘no ADCS approval’ (x1).

GETTING THROUGH TO THE RIGHT TEAM MANAGER

Once each authority had agreed to participate, I started the lengthy process of trying to identify the relevant team managers for the special guardianship social workers, in order to send them my information sheet about the research and web link to the questionnaire. This

proved to be equally as challenging as identifying the decision makers, as different local authorities turned out to be structured in different ways, with different groupings of social workers undertaking different special guardianship work. In the majority of cases this necessitated me returning to earlier contacts I had made in each authority, for assistance with identifying the relevant team and manager. In some cases, other individuals such as service managers, offered to distribute my information sheets or act as a link to team managers. This was particularly helpful as most of the managers I approached were understandably unaware of my research, or that their local authority had agreed to participate. As with the decision makers, the most frequent impediment to progress was individuals simply failing to respond or reply to emails. As a final push to encourage participation, I obtained an email list of Principal Social Workers in all the local authorities, and enlisted their help in persuading team managers to cooperate.

After nine months of pursuing contacts and leads, and having sent over 1000 different emails, all 71 local authorities who had agreed to take part in my study confirmed that my information sheet and web link had been sent to their special guardianship social workers.

Because of the difficulty in identifying and contacting the correct team managers, the questionnaire went live online slightly behind schedule on February 19th 2017. The initial plan had been for it to stay open for 3 months. However, during this time a number of local authorities contacted me to say they had decided they would like to participate. As the three-month cut-off date approached, it also became apparent that the final number of responses would be close to 100, so in order to maximise responses and include as many local authorities as possible, it was decided to leave the questionnaire open online until the end of May. It was therefore live for 3 months and 10 days.

4.2.3 ADCS approval

While still designing my methodology, in addition to ethical and research programme approval I also submitted my research project for critical appraisal by the Association of Directors of Children's Services (ADCS) Research Group, to seek their approval. The ADCS considers proposals for research, which plan to involve more than three local authority children's services departments. They publish guidelines aimed at ensuring that research projects are effective and worthwhile, and support this aim with a number of requirements that researchers have to satisfy before being granted approval. These requirements are similar to those covered by university ethical approval and include evidence of contributing to improved knowledge and outcomes, inclusion of a robust methodology quality in the research proposal, and consideration of ethical issues. I completed and submitted one of their application forms in April 2016.

Over the following 11 months I held a dialogue with the ADCS Research Group, in an attempt to gain their support for the research. I had been warned that they were not favourably disposed towards research involving a large number of local authorities, and this did turn out to be one of their major concerns. The other was the length of my questionnaire, which stood at 80 questions at the time I submitted my application to them.

They raised other questions, such as the benefits of the research not being clear, the lack of a link to improvements in outcomes for children, and a lack of potential learning for social work practice. I argued against these views as I felt the case had already been strongly made for the benefits of the research.

In various emails from the group, suggestions were made for my research, which made me question their understanding of special guardianship. They proposed that I use county court records as a focus for my study, and stated that I was being unrealistic to expect social

workers to have completed multiple SGO reports within the last 6 months. However, there are no county court records of why and how social workers make their recommendations in special guardianship cases; in fact these records do not exist anywhere. I also pointed out that I had completed 12 SGO cases in the past 12 months, and I tried to address their other queries, although the sample size and number of questions remained their main objection.

The Research Group pointed out that even if I did not have their approval, this did not prevent me from continuing with my proposed research. By January 2017 I was able to provide the group with an estimate of 55-65 local authorities finally participating in my research. The ultimate total was slightly higher at 71. By this time I had also edited my questions down from 80 to 50. I had also tested a pilot questionnaire, which was one of their queries. The pilot received positive feedback from respondents, and there were no complaints about the length of time needed to complete the 50 questions.

However, the ADCS Research Group wrote that because I had received a positive response from local authorities, I had effectively negated the need for their approval. I pointed out that I had five councils who still wanted ADCS backing before joining the research. But a final email from the group stated that they felt that as I already had a significant number of local authorities agreeing to participate, any further response from them was irrelevant and "approving or not approving is no longer within the remit of the group". After 11 months of emails I was therefore left with neither approval nor refusal from ADCS for support for my research.

4.2.4 The online questionnaire - Qualtrics, SPSS and data analysis

After reviewing the options for online research platforms, and getting recommendations from university research staff, I chose the 'Q Lite' software package from Qualtrics for my online questionnaire. Qualtrics is an online software application service provider, widely used by

universities for research data collection. Qualtrics products are ‘self-service’, meaning customers retain password-protected control and ownership of all data, and there are high-level security protocols in place. Passwords are unknown to Qualtrics staff, meaning they have no access to the collected data. The servers are protected by high-end, firewall systems, and nightly encrypted backups, and the company claims to exceed industry standards for processes and procedures to safeguard data. Qualtrics guarantees to never share data with a third party. The flexibility of the software meant I did not feel the final design of the questionnaire placed any constraints over the collection of my data, albeit within the overall wider constraints of an online questionnaire. And importantly for my research, it also allowed the data to be exported to SPSS for analysis.

Once I had completed the design, I put it online and tested it, before piloting it with my colleagues. After making final amendments, it was copied and linked to a new web address, which was then put onto my information sheets and distributed to local authorities.

The questionnaire remained open online for just over three months. When it was closed, the quantitative data collected via Qualtrics was downloaded into SPSS Statistics v22 for data analysis. The data was carefully checked, cleaned and a content analysis of the answers was conducted. This involved assigning codes to some of the answers to fit them into different categories, in order to incorporate them into my findings and aid evaluation.

Respondents were asked to provide a few personal details in order to enable a descriptive analysis, and questions were included about the index child used by respondents for their answers. The responses to these questions provided information on the representativeness of my study sample, and the children they had used. They also enabled some statistical analysis by cross tabulation between social worker and child characteristics and some of the other questionnaire answers, to investigate whether there was any correlation between the different variables.

However, the statistical significance of the analysis was limited by the relatively small sample size (n=102). Consequently it was decided not to use some of the social worker and child characteristic variables, where the questionnaire had returned quite low numbers. For example on social worker gender, only 12 of the respondents were male. Such a low number would not allow for reliable comparisons.

Eventually it was decided to limit bivariate analyses to consideration of three independent variables: the social worker's age and number of years in practice, and the age of the child at the time of their SGO, against dependent variables concerning the levels of contact that had been recommended for mothers and fathers, and how positive these were considered to be. For analyses the significance testing level defined for this study was 5% (0.05). Because of the limited sample size, virtually all the results were above this level, and so were not statistically significant.

4.3 Focus group methods

4.3.1 Design of the focus groups

Silverman suggests a number of uses for focus groups, such as developing research questions for academic study, but the objective that concerned my study was "to clarify, extend or qualify findings produced by other methods (Silverman, 2011, p.210). The objective of my groups was to generate the views, ideas, opinions and discussions of local authority social workers and special guardians on a range of contact issues, which could be analysed to provide a deeper understanding of the data gathered by the questionnaire.

Although Silverman describes focus groups as “a deceptively simple method” (2011, p.227) a successful focus group requires careful organization and planning, with reference to the research objectives (Wellington & Szczerbinski, 2007). It requires an agenda, although the structure can be varied, and a skilled moderator/researcher who can make the participants feel at ease so that the synergy of the group leads to more insightful discussion. This is the crucial feature of focus groups, and one of the principal reasons I chose them, because as McLaughlin puts it “What sets them apart is that focus group participants, unlike individual interviews or questionnaires, engage in discussion with each other, creating an interactive and dynamic process” (2012, p.37). There were also logistics to be organized, such as invitations, the booking of a suitable room, the signing of consent forms, and a reliable audio recorder (Wellington & Szczerbinski, 2007).

Because of my limited resources as a sole researcher, working full-time in social work, I only felt able to consider holding a small number of focus groups. However, I felt this did afford the opportunity to include special guardians in addition to social workers. Although social workers were the main focus of my research, special guardians could offer additional insights into how the contact recommendations worked in practice, how effective they were, and whether the social workers’ intentions and plans had been realised.

PLANNING OF THE GROUPS

Social workers often have heavy workloads, so I felt it was important to organise my focus groups in a way that would require as little of their time and effort as possible, in order to encourage their participation with the research. I planned to hold the two social worker focus groups at the premises of the relevant local authorities (subject to their agreement). All local authorities have rooms available for meetings, which would be simple to book, and convenient for the social workers to attend. Such meeting rooms are usually private so that conversations within are confidential, and I saw no downside to meeting at the social

workers' place of work, beyond a risk that one of them could be called out of the room to deal with a work issue. Both of the local authorities approached to host social worker focus groups at their premises, agreed to this plan.

I was aware that some local authorities hold regular support group meetings for their special guardians. This seemed an ideal opportunity to utilise existing groups of special guardians, and the meeting venues that they were already familiar with. I planned to ask if my focus groups could be held in a separate room, either directly before or after one of their regular meetings, so that the special guardians would already be visiting the venue.

I decided that all of the focus groups would last for one hour, which would give me 10 minutes to introduce the research and go over the procedure for the group, and 50 minutes for asking questions and receiving responses. One hour seemed a reasonable time commitment to request of busy social workers and special guardians. I felt this would allow for a considerable amount of dialogue, without too much risk of participants losing interest. I decided to recruit groups of six participants, which I thought would give a good spread of diversity in each group, while still giving each participant a reasonable amount of time to express their views. I considered that a group of more than six might result in too many occasions when people wanted to speak at the same time, and so might not have a chance to express their views.

INFORMATION SHEETS

In order to fully inform potential focus group members about what their participation with the research would involve, separate information sheets were produced for social workers and special guardians (Appendix 5 & 6). The two information sheets were very similar, with both introducing and explaining the research, who the researcher was, how the data would be used, arrangements to protect the welfare of the participants, confidentiality and disclosure

rules, and efforts to make the groups accessible to those who wished to attend (subject to the limit of six participants). The information sheets also gave email contact details for myself and my university supervisor, and details of the procedure for making a complaint.

CONSENT FORMS

Consent forms were produced (Appendix 7 & 8) in order for social workers and special guardians to give informed consent to taking part. These were similar to the questionnaire consent forms, but reflected the different data collection process for the focus groups. They reminded participants that they would be digitally audio recorded during the interviews, and that quotes from them might be used in the published research, but no participant or their local authority would be identified. Any identifying dialogue in the recordings would be removed on transcription. The consent form explained the arrangements for keeping the recordings and transcriptions secure, and the time limit by which the original data would be destroyed. Participants were reminded that they could ask for any, or all, of the statements that they made to be removed from the record. However it was decided that this right could not be open-ended, as very late withdrawal of consent could disrupt the thesis submission deadline. So the consent form explained that focus group participants could withdraw consent for the information they provided to be used in the research, only up to the point when the data had been incorporated in anonymised format into the research. The form asked participants to sign to say they had read the information sheet, and understood and agreed with the information provided. The focus group participants and the researcher signed two copies of each consent form, and participants kept one copy. In this way all participants were fully briefed on the research process involved, and provided informed consent before the focus groups commenced.

FOCUS GROUP SCRIPTS

In addition to the information sheets and consent forms, a short script or schedule of questions is usually produced for the researcher to use (Silverman, 2011). The purpose of the scripts was to act as a prompt to me for the duration of the focus groups, so that none of the information in my introduction and none of the questions I wished to ask were overlooked. During any focus group the interviewer is trying to juggle a number of balls, such as making sure the audio recorder is recording, asking questions, responding appropriately to answers, picking up on unexpected comments, bringing wayward discussion back to the question, and pacing the interview to cover all the issues that need to be included. The scripts I designed for the social worker and special guardian focus groups (Appendix 9 & 10) were in two parts. These covered my introduction at the beginning of each group, and then the questions I intended to ask.

The introduction, which I planned would take no more than ten minutes, was when I would remind participants how the focus group would work, and this would start with me recapping the main points from the information sheets. Interviewees were reminded that they and their local authority would not be identified in the research, and at the end of the session they could ask for some, or all, of their own statements to be omitted. Some basic group rules would be suggested, such as keeping what was said confidential, respect for each other's views, and only one person speaking at a time. My script also prompted me to make a few notes during the introduction period, about the composition of each group, including the number of female and male participants, the length of time each of them had been practicing as a social worker, and the approximate number of SGOs each of them had completed in the previous 12 months. I told each group the discussion period would last for about 50 minutes, and I asked to hear views from the entire group equally. The introduction was concluded with signing of consent forms, and the participants being asked if they had any questions.

The second part of the scripts contained 13 questions, which reflected the issues covered in the questionnaire. The questions were different for the social worker and special guardian groups, but covered the same broad issues. So, for example, while some of the social worker group questions asked about the decisions and recommendations they had made, the special guardian group questions asked about the decisions made in their cases and how their social workers had explained these to them. Both groups were asked if they thought contact was a positive thing for children, what they thought was too much or too little contact, and about some of the problems they had encountered. Social workers were asked how they felt about the recommendations in their cases, and special guardians were asked how they felt about the role their social worker had played.

The questions in each script were deliberately phrased in very general terms in order to encourage interviewees to respond in a variety of different ways, rather than them answering specific narrow questions. The aim of this was for the questions to stimulate general discussion and for the participants to feel they could put across as many of their views and opinions as possible, and to be able to take the discussions where they wanted, as long as they kept broadly to the topic.

I also added a 'prompt' below each question, which was an additional comment or question that I could ask in case the initial question left the interviewees confused or without a response. For example: question SW13 (for social workers) was 'How confident do you feel about the recommendations you have made?' And the prompt for this was 'Can you say why.'

4.3.2 Choice of local authorities

The choice of which local authorities to approach to participate with my focus groups was determined by my wish to get a diverse range of research subjects who would provide the

widest possible spectrum of opinions and knowledge. There are many criteria that could be used to differentiate between English local authorities. For example: administratively councils are designated into four groups: County Councils (x27), Metropolitan District Councils (x 36), English Unitary Councils (x 53), and London Borough Councils (x 33). Geographically councils vary in size from the largest (North Yorkshire) to the smallest (Rutland). Some are predominantly rural (Lincolnshire), while others are completely urban (Islington). Some populations are mostly wealthy and prosperous (Westminster), while others have relatively deprived catchment areas (Tower Hamlets).

In order to introduce the best chance of diversity, I considered which different criteria I should use to choose my four local authorities. I do not think that the administrative identity of any local authority would affect how its social workers undertook the kind of work that I am studying. From my experience as a social worker in a unitary authority, and being familiar with colleagues in other types of authorities, I consider that this has virtually no effect on day-to-day social work. Similarly I do not think that the size of the geographical area a local authority covers would be particularly relevant. Although there are quite dramatic differences in sizes between English councils, in practical terms I do not think it would affect the work done on individual cases. Once a case has been allocated to a social worker, that practitioner is working with one family, and the size of their local authority is largely irrelevant. What is of greater importance is the types of families that practitioners work with. Approximately 90% of those who become special guardians are related family of the birth parents, and are quite likely to live nearby in the same local authority. So if some local authority areas have significantly different profiles in their populations, this could mean that social workers in those areas are more likely to work with families who have specific characteristics. This in turn could mean that they have developed different ways of reacting to these families and different ways of working. For example would a social worker who is usually considering the placement of children in a relatively poorer area of London have the same experiences as a social worker placing children in the wealthier Home Counties?

There may not of course be any difference in the attitudes and opinions of social workers in these different areas, however I feel that considering the profile of local authority populations offers the best chance of diversity in my focus groups.

For these reasons, I chose one rural, reasonably affluent, Home Counties local authority and one poorer, more deprived inner London council, for the two focus groups for social workers. If these councils had not decided to participate with my focus groups, then I would have looked for others with a similar profile.

Similarly, to increase diversity, I decided to look at different criteria when choosing the local authorities for my focus groups for special guardians. I thought about the local authority factors that might impact directly on to special guardians themselves. In my experience by far the biggest difference in the ways that different local authorities structure and handle their special guardianship work, is the way that they organise 'post-SGO' support. As contact is one of the main issues that special guardians find most challenging and require support with, I wondered whether a difference in levels of support might have an effect on the views of the special guardians. I thought this could be a useful criteria for choosing special guardians with diverse views. For this reason, I approached two local authorities, one of which I knew had a large post-SGO support team, and another who employed just one special guardian support worker, and therefore offered a much lower level of support.

4.3.3 Recruitment of the study sample

Once I had identified the four local authorities for my focus groups, formal research applications were submitted by email. These were in addition to, and separate from, the applications submitted for approval for the questionnaire research. Each application contained a detailed explanation of the research method, including plans for how the focus groups would be organised. The applications also included a risk assessment, copies of the

appropriate information sheet, consent form, focus group script and supporting documents such as copies of the university's insurance, university ethical approval for the research and the researcher's DBS certificate.

One of the local authorities requested a face-to-face meeting to discuss how the focus group would work and what their involvement would entail. I met with the Service Manager for the Adoption and Fostering Service and the Team Manager for one of the Family and Friends Teams, both of whom were responsible for special guardianship work in their authority, and answered their questions sufficiently for them to feel able to agree to participate.

All four of the local authorities that I originally chose for my focus groups agreed to participate with the research. However, one of them declined to also take part in the questionnaire research on the grounds of their limited staff resources.

Once I had received formal approval to proceed, I made contact with individual managers of the special guardianship teams. They were sent a brief summary of the research and copies of the relevant information sheet and consent form. However, the script was not sent, as I did not want the interviewees to have advance knowledge of the questions before the focus groups. In this way I hoped to maximize their spontaneous responses and avoid pre-prepared answers. The managers were asked to share the information sheets and consent forms with their social workers at team meetings, or with special guardians at support groups, and explain the research project to them and ask for volunteers to participate. They were asked to select interviewees randomly, with no selection criteria beyond agreeing to participation on a first-come-first-served basis. However, I did stipulate that where the special guardians were a couple, only one of the partners should attend the focus group. This was to increase the diversity of views and experience of the groups, as I felt that couples would have shared experiences and possibly similar views.

All four local authorities confirmed that they had enough social workers or special guardians interested in attending the focus groups. Venues, dates and times for the groups were arranged, and were duly held in April and early May 2017.

The local authorities hosting the social worker focus groups provided one group of six practitioners and one group of three. I had asked all four local authorities for five or six participants, but I was aware that on the day it might not be possible for all of those people to attend. On the allocated day, it was only feasible for the researcher to work with the participants who were available. The two groups of special guardians both contained six participants. The participants were mostly female, although the proportion of males to females reflected the national figures for children social workers and special guardians. Descriptions and tables of the various characteristics of the groups are provided in chapter 6 (6.1).

4.3.4 Data collection

Before each group started, I placed a letter card (A, B, C...) in front of each interviewee. By keeping a running record of the letter of each speaker as the session progressed and occasionally noting the first few words of a new speaker, I was able to match each piece of dialogue to the letter of the speaker when I later transcribed the recordings. On the whole this system worked well.

I used two digital recorders for each group and these provided excellent sound recording quality. The only problem with the sound recording was that in the second special guardian group I was provided with a room next door to the room being used by the rest of the support group. This was quite a noisy group, and the digital recorders were so effective that they picked up a lot of background noise from the other group. There were also a few

instances where the recorders picked up another noise just as someone was speaking, but in total there were only a few words of dialogue that were inaudible.

All four of the focus groups proceeded quite smoothly as they had been planned, without any significant problems. Interviewees were happy to share their views, and although each group started with participants appearing a little cautious about speaking, within about five minutes of each group starting the participants had all relaxed and were sharing their views freely. The interviewees were very disciplined in taking turns to only speak one at a time. I had thought this might be a problem that I would need to remind people about, however the issue did not arise. I made it clear to each group that I was there in the role of researcher and moderator of the group, and not as a social worker, and when I had explained what I would be doing I had warned the participants that I might need to interrupt them if I felt the discussion was getting too far away from the question I had asked. This did happen a couple of times with the special guardian groups, particularly when interviewees were airing some of their grievances. I endeavoured to remain aware of people's body language in the group, and where I felt individuals looked as if they wanted to challenge something or make a comment, and had been unable to speak, I made a point of coming back to them when it was convenient.

The only unplanned event during one of the focus groups was when a social worker was called out by a colleague to answer a phone call. When the colleague knocked and entered our meeting room, the focus group dialogue stopped automatically, and did not resume until she had left the room with the social worker, and closed the door. The social worker returned in about five minutes, at which point the group was still discussing the same point as when she had left. I do not think this interruption significantly affected the data that was gathered, and there were no compromises of confidentiality.

I felt that all of the focus groups provided constructive and well thought out responses to all of the questions I asked. I would describe the approach of all the participants as enthusiastic, and this was particularly the case with the special guardian groups who would have been happy to continue beyond the allotted time, although the social workers did need to get back to their work.

In all the groups the participants interacted well with each other, often responding to comments from others in their group. There was agreement between group members on a lot of the comments made, and no direct disagreements. Some of the special guardians felt differently about the social workers they had had, although this reflected their different experiences, rather than different opinions about the same experience. The social workers in each group held similar views about the subjects they discussed.

There was no obvious change in the views of any of the groups as the sessions progressed. For example special guardians who were angry about the way they had been treated, were prepared to verbalise their anger right from the beginning to the end of the sessions.

Broadly the groups went as planned and anticipated. But I had not expected that some of the special guardians would be as angry at the birth parents or social workers in their cases as they were. This was true for both special guardian groups. With the social worker groups, I had not expected them to be as forthcoming as they were about the cognitive processes they employ to reach their decisions. I had imagined that when put on the spot with unexpected questions about why they think about things the way they do, they might be defensive or struggle to pin this elusive subject down. However, they were all quite clear about the thinking processes they employed and gave the impression that this was a subject that they were very familiar with. Again, this was true for both groups.

All the social workers appeared very knowledgeable about special guardianship and familiar with dealing with the complex issues it involves. I gained the impression that the special guardians had developed a reasonably good understanding of the subject, even if that had not been the case for some of them when their SGO had originally been granted. I felt that some of the special guardians lacked a full understanding of the implications of court ordered contact (or the lack of it) in their cases.

4.3.5 Transcription, coding and data analysis

TRANSCRIPTION

The Collins English Dictionary (1986) defines 'transcribe' as alternatively meaning to write out from speech, to make a phonetic transcription, and to translate. The different explanations of *literally reproducing* the spoken words or *translating* them, illustrates the challenge of how best to capture the meaning of the original dialogue. Silverman refers to transcribers tidying up "the messy features of natural conversation" (2011, p.279) such as pauses and cut-off or overlapping dialogue. And how simply recording the spoken word, but failing to transcribe these non-verbal features, may weaken the reliability of their interpretation. My aim therefore was to produce a transcript that reproduced the words spoken, but also captured the significance of the ways they were used. But Silverman cautions, "transcripts can always be improved and the search for perfection is illusory and time consuming. Rather the aim is to arrive at an agreed transcript, adequate for the task at hand (2011, p.367).

The researcher made full transcriptions of all the focus group recordings. Each separate piece of dialogue from individual participants was identified by the letter they had been assigned during the sessions (SW1, SG3 etc). There were two instances on the recordings where I could not make out a word that had been spoken. One of these was from a social

workers' group and one from a special guardians' group. There were many instances where special guardians referred to their child or the birth parents by their names. These were removed when I made the transcriptions, as were any dates or place names that I thought were so specific that they might risk identification of the individual concerned.

My sole objective with the transcriptions was to capture the meaning of what the participants were saying. I decided it was not necessary to include every single sound or utterance, where I felt it did not offer a coherent meaning. However, there were very few instances where I left a word out, and these were all single words where the participant spoke, then stopped, or decided to say something different, and I felt that the single word on its own had no meaning. Where I felt that single words on their own might have or imply some meaning, they were included in the transcription. In some cases I added a word, where I felt that in the context of what the participant was saying, a sentence needed an additional word to clarify its meaning. Where I added a word, it was included in parenthesis. In a few cases I changed the tense of a verb, or started a new sentence, where I thought it aided understanding of the dialogue.

Where I felt there was non-verbal communication from the group, these instances were noted in the transcriptions. For example when I asked one group of special guardians how much their contact had varied from what had been agreed, there was laughter from several members of the group, which I interpreted as meaning that contact had varied so much that the originally agreed plan was laughable. These non-verbal communications were included in the transcriptions, as I considered that they carried a message from the participants.

When each of the transcriptions had been completed, I read through them twice whilst listening to the original recordings. Once I was satisfied that the transcriptions were as accurate a record of the recorded dialogue as I could make, the original recordings were deleted.

CODING

My chosen approach to identifying and interpreting deeper levels of meaning in the qualitative data was to use the thematic analysis elements of *'in vivo coding'* grounded theory procedure. Specifically I decided to use a 'self-made' coding system, based on Braun and Clarke's six-phase process (2006). The first stages of coding my transcriptions involved familiarization with the data, and then dividing the dialogue up into small individually significant segments that each made a point. These were each allocated a descriptive memo. These segments ranged in size from a few words to complete sentences and in a few cases, whole paragraphs. This division of the dialogue was determined by its content, and my objective was to break it down into its constituent parts of individual messages. So wherever I felt a point had been made, then those words were separated and given their own code. For example: 'I think you want to be as least prescriptive as possible' was given its own memo.

I did not start with any pre-conceived ideas about the code or memo titles that I should use, but instead wrote a few words by each segment that summed up the subject matter being commented on. The code titles therefore evolved from, and were generated by, what I found in the dialogue.

For ease of use, I kept the code titles as simple and general as possible, so that where several pieces of transcript covered the same subject, I could group them together by giving them the same code. There were many different topics that had been covered in the focus groups, and I wanted to identify where and how often these occurred. Each code title was given a number and colour, and one of these was noted beside each separate segment of transcript. Where a piece of dialogue did not seem to fit any of the existing codes, a new code title was produced which described the subject of that dialogue. As the code titles were intentionally very brief, a short description of their meaning was also produced. So for

example: code 2 had the title ‘Levels of Contact’, with a description of its meaning of ‘The frequency, amount and duration of contact that was agreed’. By this method a total of 17 code titles evolved, which between them covered all the individual segments of transcript from all of the four focus groups.

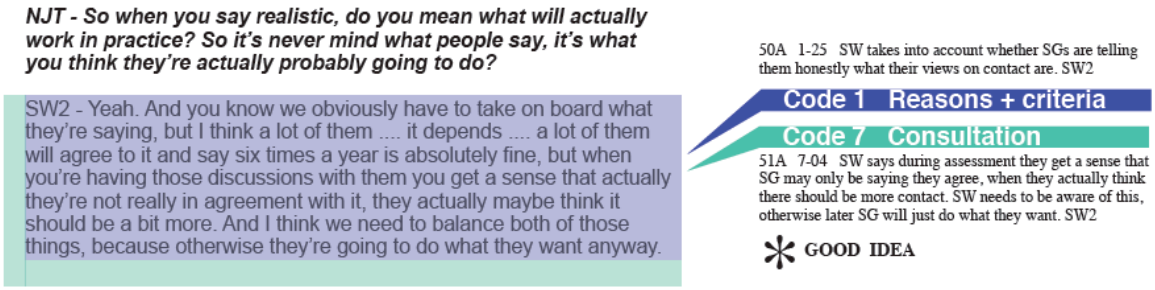
CHANGE OF CODE TITLES

As the codes began to form groups, and the nature of the groups became clearer, the code titles and groups were modified and changed to better reflect what was coming out of the data. For example, where it became obvious that a significant number of dialogue segments referred to a similar subject, the title of the code for those segments was subtly changed to more accurately reflect the subject matter of the whole group of segments. As some of the code titles had only emerged part way through this process, I decided that when I had provided a code for the complete dialogue from each focus group, I would repeat the process again, but this time starting with a ‘full’ list of 17 code titles. In this way I endeavoured to make sure that each segment of dialogue was allocated the most appropriate code.

Following the grounded theory method of analysis, as a further check on using the appropriate code, underneath each code title that I allocated to individual segments of transcript, I wrote a brief theoretical note of what was being said in that segment. To reiterate: the codes identified the subject being commented on, and the theoretical notes detailed what had been said or what point had been made. Having a succinct summary of each individual segment of dialogue was useful in several ways. It made it much clearer where a piece of transcript could be given a more appropriate code. Consequently the next step was to review whether the most relevant codes had been allocated for all the transcriptions, and to change several accordingly where it was warranted. There was a certain amount of ‘overlap’ between the different codes, and once all 17 codes had been

decided upon, it was obvious that some segments of dialogue could be given a more appropriate code. It also became obvious that some pieces of dialogue could equally be given two different codes, where their subject matter covered two separate issues, and so the complete transcriptions were checked to see where this was appropriate. For example, (segment 50A/51A) when one social worker detailed how discussions with clients influence their contact recommendations, I decided code 1 (Reasons and Criteria) was appropriate, as the dialogue described one of the criteria that affected her decision, but I also gave this dialogue code 7 (Consultation) as the social worker referred to her discussion with the client (Figure 3). Where different codes were applied to the same piece of dialogue, this suggested links and overlaps between different issues.

Figure 3: Example of co-occurrence of two codes for one segment of dialogue.



Another benefit of having my own theoretical notes for each segment of transcript was that it made them much more manageable and easier to individually identify when I was later using them in large groups. It was my intention to use the code titles and theoretical notes to analyse the data. In order to be able to link each code and note back to the original segment of dialogue transcript, I gave each piece of coded dialogue two reference numbers. The first identified the particular focus group the dialogue had come from, and the position of that code in that transcript. So '3B' referred to the 3rd piece of coding in group B. The second number identified the code itself, and how many times that code had been used up to that point. So '3-05' referred to a segment of transcipt where code 3 (Specifics) had been used for the 5th time across all four focus groups. In this way any individual note could be traced

back to the original dialogue transcript. For example: the piece of dialogue with the reference number 10B 1-50 was the 10th segment of dialogue for social worker focus group B, and it was the 50th piece of transcription to be given code 1. I believe this provides a clear and transparent process for linking all codes and notes used in the data analysis, back to the original focus group dialogue. This is often necessary as splitting the dialogue into individual segments, separates it from the context from which it was generated. Some times it is useful to review the original context in order to clarify the meaning of dialogue. A process for re-linking coded segments back to the original dialogue corresponds to a critical process in qualitative data analysis of re-contextualising text segments.

Once all of the dialogue had been given a code and a theoretical note that identified the subject being discussed, and reference numbers that identified the source, it was much easier to manipulate and group the information that had come out of the focus groups. Using the reference numbers it was possible to differentiate theoretical notes to show what each social worker and special guardian had said. Predictably, some said a lot more than others. The number of theoretical notes that came from each social worker ranged from 7-47. The number from each special guardian ranged from 13-36. I was surprised by this range in the number of contributions, as it had not been apparent while the groups had been in progress, although I had noticed that one of the social workers was speaking a lot more than the others.

The third phase of Braun and Clarke's process (2006) involves identifying important themes among the codes. The generation of codes, and the conceptualisation of their properties, allow them to be grouped, compared and analysed. The iterative process of reviewing, renaming, regrouping and reorganizing codes, gradually leads to them coalescing into larger groups and sub-groups. Once the coding was completed, it was possible to see which codes had occurred the most, and therefore which subject had been commented on the most. A table of code occurrence and co-occurrence is provided in Chapter 6 (6.2).

Coding the dialogue and theoretical notes by subject matter was a relatively simple process. My next step was to apply a second layer of coding, which would enable me to group the notes where a similar point, idea or view had been expressed. This was similar to, but subtly different from, my first round of coding. The initial coding had been about grouping the dialogue by a fairly simple 'issue or subject matter being discussed' criteria. This second level of coding was a more interpretative level, where I considered the meaning of what had been said by the participants, and endeavoured to identify and group together similar meanings under new headings. In order to avoid confusion I will refer to the initial coding I did as 'subject matter coding', and this second level as 'interpretative coding'.

The interpretative coding was a much lengthier process, where the individual theoretical notes were reviewed, and the points they made or views they expressed were analysed and evaluated. I regrouped them according to my interpretation of the meaning of what had been said. This coding gave me 39 separate and distinctive groups of theoretical notes where similar points were being made, or where different points were being made about the same issues. This coding was similar to my subject matter coding, but the emphasis was on the meaning of what had been said.

The 39 groups were reviewed and compared many times, and broken down into sub-groups, where a particular response or theme emerged within one group. For example, in group 9, which covered dialogue about the social workers' consideration of the child, a significant amount of the dialogue made points about the age of the child, so this was given a separate sub-section (9B) within group 9. Coding also made it simple to compare the views of the social workers and the special guardians on the same issues, and note where these differed or aligned. This iterative process led through a process of induction to the emergence of other patterns as the groups were repeatedly reviewed. For example it became clear where the same point had been made by several people, or where contradictory views had been expressed about the same issue.

As this second level of coding of the theoretical notes was based on different criteria to the initial subject matter coding, the theoretical notes were then reorganised into different groups. Many of these groups therefore contained theoretical notes with different subject matter codes. This in turn indicated links between the various groups and sub-groups, and connections between the points being made. Where links became apparent, these were highlighted with an icon.

GOOD IDEAS

During this repetitive reviewing and analysing of the theoretical notes, my focus was on interpreting the meaning and relevance of what the interviewees had said. Inevitably, some of the points made struck me as more important, original, relevant or thought provoking than others. Any such note, which made a point that I thought I might later want to highlight or develop in my results, was therefore given the icon ‘GOOD IDEA’.

Each of the 39 interpretative coding groups was given a descriptive title and number. The title was simply to identify what that group of theoretical notes was about. For example, the title for group 8 was ‘Examples of specific levels of contact’. As my aim was to capture the meaning contained in each group of notes, I decided to also provide a summary of the points made in each of these groups of notes. For example, the summary at the end of group 8 was ‘8A SGs and a SW gave a range of examples of contact frequencies in different cases, from no contacts, or 3 or 4 times a year, to monthly, and one parent who lived with the SG. Some plans were much more detailed than others’.

As the separate groups took shape, certain theoretical notes were moved to more appropriate groups, and some were duplicated and put into more than one group. Once completed, all the theoretical notes were checked to make sure they were in the most appropriate group. Various new links were identified at this stage. The interpretative coding

finished when all the groups, sub-groups, titles, summaries, links and ‘GOOD IDEAS’ were ordered in the optimum way to aid interpretation of their meaning.

At this stage, I also experimented with laying the 39 interpretative coding groups out in diagram form, to escape the linear approach to looking at relationships between the groups. My first diagram gave a holistic view of the social work process for planning contact in special guardianship cases. I then adapted this for a second diagram to illustrate a circular process of social worker thinking, the social worker’s assessment, the SGO being granted, and post-SGO variations in contact and problems. This experience then influences the social worker’s thinking about the process, and the cycle begins again. With a third diagram I tried to show links between the different code groups, summaries and theoretical notes. However, this proved completely impractical because of the sheer number of links between the different elements. I decided that there was little point in trying to identify individual links, as almost every element was linked to each other, either directly or indirectly. This suggested to me that the best way to consider the recommending of contact in special guardianship cases was with a holistic perspective, which enabled the process to be viewed in its inter-connected entirety.

I also tried approaching the coding from a different angle, and started to re-consider why I needed further links and what use they would be to me in understanding and analysing the data. The focus groups had given me a lot of data, which I had methodically grouped, linked and summarised, and a lot of ‘good ideas’ had been highlighted in the dialogue, which I felt could be developed in my results. As I had been working with the theoretical notes, my own views and ideas had also begun to develop. On reflection, I decided that the 39 groups of theoretical notes, the ‘GOOD IDEAS’, the links and my own ‘further thoughts’ on the data, were the most useful product of the focus groups, and what I would base my results on. I therefore decided to combine them together as a synthesis of all the messages and meaning I had extracted from the data. The visual representation offered by the diagrams I

had produced, suggested a slightly more logical and easy-to-read ordering of the 39 groups, which I was able to make. Where I felt that specific theoretical notes had value illustrating a particular point, they were retained. In total this gave me a basic synthesis of the data from my focus groups interviews, which brought together summaries of the points made and views expressed, and signalled specific important individual points, which had been appended with some of my own analytical thinking.

Once this analysis of the data had been completed, I reviewed the thoroughness of my methods. I considered whether the theoretical notes were a true reflection of the original dialogue, and whether all the information contained in the notes had been summarised at the end of each interpretative coding group. The original dialogue was then re-read and the analysis was checked against the theoretical notes. I also checked these against the 39 group titles. I also considered whether all the possible ‘good ideas’ in the notes had been identified. This was checked by re-reading the theoretical notes again, which resulted in several more ‘good ideas’ being identified. Finally, all of the 39 groups were reviewed and separated out into individual points that had been made.

On completion of this phase of coding and analysis, I then had a document (‘Summaries, ideas and further thoughts’) that synthesized all the information I felt I was able to extract from the focus group transcripts. Thematic analysis had been used to code dialogue, identify themes, and identify patterns and links, to extract meaning from the data.

4.4 Research governance, ethics and limitations

4.4.1 Research governance

“Proper governance of research is essential to ensure that the public can have confidence in, and benefit from, quality research in health and social care” (DoH, 2005, p.2).

The governance process for this study, aimed to set the standards for the research, develop mechanisms to deliver those standards, and monitor and assess their progress. This process was primarily conducted through monthly supervision of the project by staff at the Institute of Applied Social Research IASR) at the University of Bedfordshire. The research programme was allocated two supervisors, whose duty was to oversee and monitor progress of the project, and they were augmented by an independent advisor: Jim Wade, a Senior Research Fellow with the University of York, and a recognised authority on special guardianship.

In addition to ethical approval, the university also required submission of an application for programme approval by the Director of Institute and University Research Degrees Committee.

The researcher had planned an ethical approach to working with local authorities, by following their research governance processes. Although, as detailed in 4.2.2, only 33 councils provided the appropriate information and application procedures that they are required to publish under Department of Health guidelines (DoH, 2005). Even where research governance procedures were published on council websites, there was not always a clearly designated decision-maker to give approval for the research. Despite these obstacles, appropriate permission was sought, and applications containing full details of

research governance were submitted to all 149 local authorities. Eventually 71 councils provided written permission for the research to proceed with their social workers.

An application was submitted to the ADCS for approval for the study (as detailed in 4.2.3), and lengthy communication went on with them for 11 months. They raised several issues, which the researcher feels were fully addressed. However, the ADCS eventually declined to either grant or refuse approval for the research.

4.4.2 Assessment of ethical risks to research participants

Most of the ethical issues involved with this project had been anticipated in the research proposal, and addressed in the applications for research programme approval and ethics committee approval. The measures taken to mitigate the risks are detailed in section 4.4.3.

For some projects, several layers of consent are required, and in a particular sequence (Walliman, 2011). In this study formal written consent was obtained from individual local authorities, before details of the project were forwarded via team managers to the research participants, who were asked to give informed consent to voluntary participation. Local authorities have a duty to establish research governance processes and publish application forms and guidance documents (DoH, 2005). However, as documented in 4.2.2, the majority of local authorities did not have these protocols in place, and in some cases no delegated decision makers for research applications, which made the task of securing their approval much more difficult. The only way to proceed with getting approval for my involvement with these councils was to work with the people they put forward to deal with my applications. Although these ‘designated’ decision makers held a wide range of different job titles, they were all in senior positions within their local authority’s children’s services. I therefore decided that I was justified in accepting individual local authority approval for the research, from whichever person they chose to put forward. Several local authorities raised

concerns or asked for clarification of ethical issues before they agreed to participate.

Consideration was given to confidentiality issues in the collection of data and involvement of participants, their right to withdraw, and also how the data was subsequently stored, handled and ultimately destroyed. Anonymity was guaranteed for questionnaire respondents. This was not possible for focus group participants, however measures were put in place to keep their names and details confidential. Those taking part in both parts of the study were provided with full details of what was expected of them, how their confidentiality and anonymity would be protected and the limits of confidentiality, before they were asked to give their informed consent.

Issues of avoiding exploitation of the research subjects, potential distress to participants, health and safety and professional conduct were considered, and although it was felt unlikely that these issues would present a problem, mitigating measures to deal with them were clearly outlined. Explanations were provided of how principles of equality, accessibility, anti-oppressive practice and transparency would be upheld. Anti-discriminatory measures were adopted to make sure that as many of the social workers in participating local authorities, could take part as wanted to. Similarly, efforts were made to ensure all special guardians who wished to participate in the focus groups could do so, albeit on a first-come-first-served basis. I am not aware of any practitioner or carer who expressed a wish to attend, who was not able to. Conflicts of interest were considered, particularly in the involvement of the researcher's colleagues with the pilot study. Measures were taken to treat their contributions as objectively and anonymously as possible.

The only unforeseen event with the data collection was that during one of the social worker focus groups, another worker knocked on the door and entered, to ask one of the participants to take a phone call. However, the group paused until the worker had left.

Within six months of the focus groups being completed and the questionnaire being closed, there had been no complaints or further contact from any local authorities or individuals who had participated in the research. The questionnaires worked as anticipated, with no other ethical issues arising.

4.4.3 Arrangements to mitigate ethical risks

Because of the fluid and diverse contexts within which social research operates, no prescriptive set of rigid moral precepts could hope to address every ethical eventuality (SRA, 2003). Rather, ethical guidelines recognise this diversity in research, and instead propose the principles of best ethical practice (British Educational Research Association, 2011) which can inform the research, and against which individual research proposals can be judged. The guidelines therefore offer a framework for scrutinizing the decisions and choices made by the researcher in addressing the ethical issues presented by the particular project.

This research followed the standard university practice for scrutiny of ethical standards, which is guided by the 'Research Governance Framework' (DoH, 2005). As part of the governance of the project, an application was submitted to the University of Bedfordshire IASR Research Ethics Committee (IASR REC) for ethical approval. This required submission of the proposed research programme and methods, with details of how important ethical issues would be analysed and managed. The principal ethical issues are detailed below.

DISTRESS TO PARTICIPANTS

I did not think the subject of my research was particularly sensitive, or involved researching topics that may be considered taboo, morally or legally ambiguous, or emotionally challenging. I thought it was unlikely that participation by social workers or special guardians

in the research would cause any distress. However, I made it clear to participants (in the information sheets, and verbally before starting the focus groups) that if they subsequently wished to discuss any issues that had been raised, then I was happy to be contacted by email or telephone. I also reminded social workers that they may choose to reflect on these issues in their regular social worker supervision.

DISCRIMINATION

Efforts were made to ensure that all social workers wishing to participate in completing the questionnaire were able to do so. Instruction on how to access the online questionnaire was provided. Large type was available for those with visual impairment. Similarly, efforts were made to ensure that all social workers and special guardians were able to attend the focus groups if they wished. It was envisaged that the social worker focus groups would be held at the premises of the individual local authorities, so attendance for practitioners would be at their usual place of work. Similarly, special guardian focus groups would be held at the venues used for their support group meetings. In this way attendance was made as easy as possible. Dates, times and arrangements for participants to attend were coordinated with the managers, who would have identified any problems or issues had any arisen.

LOCAL AUTHORITY PERMISSION

It was hoped that a large number of local authorities would agree to their social workers participating in this research. 149 local authorities were approached, and 71 eventually provided written permission, agreeing for their social workers to take part. 49 other local authorities declined to take part, and 29 did not provide a decision. Approval was sought from the Association of Directors of Children's Services (ADCS) for the study. This was in regard to the relevance and usefulness of the research, rather than its ethical integrity, but it did contain a lengthy consideration of the same ethical issues. However after 11 months of communication with the ADCS, their decision was that they could neither approve nor refuse support for the research.

HEALTH AND SAFETY

I did not believe there were any identifiable health and safety concerns with the research. No health and safety training was required. Social workers and special guardians who participated were already at their usual place of work or meeting place. When visiting the focus groups, I adhered to the same standards of professional behaviour that I adopt in my everyday work as a social worker.

PROFESSIONAL CODES OF CONDUCT

I am registered as a social worker with the Health & Care Professions Council (HCPC), registration number SW96869. As such I am familiar with, and adhere to, its standards of conduct, performance and ethics. I have been DBS checked and cleared by my own local authority.

CONFLICTS OF INTEREST

I was not aware of any major conflicts of interest in the planning and conducting of this research project. When conducting my pilot questionnaire with four colleagues in the local authority where I work, these social workers may have felt obliged to participate because of personal friendship. I stressed that I wanted them to feel free to make critical comments about my questionnaire. Their responses were collated and passed to me by our team manager. I emphasised to my colleagues that their responses were anonymous, and that I did not wish to know who individual responses had come from. I did not include the local authority where I am employed in the main research.

The IASR Research Ethics Committee raised several ethical questions and asked for clarification on a number of points. They questioned whether social workers would feel obliged to take part in my questionnaire, having been asked by their managers, thus compromising their informal consent. I pointed out that the information sheet had made it clear that participation was voluntary, and no one else would know if they decided not to

participate. A question was also raised about whether discussing a sensitive topic like children and birth parent contact might be distressing for special guardians. I made clear how I would respond appropriately to any distress, however, in my experience I have found special guardians enthusiastic about sharing and discussing their issues as carers, and this turned out to be the case with both special guardian focus groups. No members of the focus groups became distressed in any way, although a couple of the special guardians became quite animated about their frustrations with the birth parents. There were a number of other minor issues raised by the IASR REC, which were addressed, many of which related to clarification of the methods. Once these had been addressed by the researcher, the IASR approved the research proposal on 26/7/16.

4.4.4 Limitations of the research

The ability of any research, including this study, to capture accurate data about the subject being researched is always likely to be limited to some degree. Where possible, I have tried to identify and ameliorate any limitations or bias in the study. However, this was not always possible.

One of my principal concerns was to make sure the research sample was large enough, diverse enough and composed of the appropriate people. The study was limited to England, due to the practical resources of the researcher, however in order to maximise the number of questionnaire responses and open it up to all special guardianship social workers, every local authority in England was approached, with the exception of the very smallest and the council where I am employed. With the 71 that agreed to take part, strenuous efforts were made to contact the appropriate team managers and encourage them to ask all of their special guardianship social workers to take part. By the time the survey closed, 138 questionnaires had been posted, although only 102 were usable. This equates to approximately 2 per local authority. This is only a minority of the total number of social

workers doing special guardianship recommendations for councils in England, so I did not reach all of the possible research participants. However, in the absence of a sampling frame on special guardianship social workers, and considering the difficulty in identifying the relevant team managers and getting them to promote the project to their staff, this is probably a reasonable result. Given my resources, an online questionnaire was the only way I could have involved so many social workers in this research.

I was confident that the 102 usable questionnaires were completed by special guardianship social workers, as the evidence for this was in their informed responses.

I was not able to guarantee diversity or representativeness among the social workers participating in the questionnaire, although I was able to collect some information on their characteristics in order to say whether they were representative of social workers as a whole. As will be seen in chapter 5 (5.1.3), the profile characteristics of social workers who responded to my questionnaire were matched to the national characteristics of social workers identified by the DfE (2017c). The gender, age, ethnicity and years of practice of both groups was broadly similar, with slightly more of the questionnaire social workers coming from the 20-29 age group compared with the 30-39 age group, and more of them (88% - 78.4%) being white.

One caveat is that the contact arrangements in the cases chosen by social workers may not have been fully representative of arrangements in all cases nationally. By asking practitioners to choose a case that would be used for questions on contact, I may have been encouraging them not to choose a case where there was little or no contact involved.

I have also used the representativeness of the index children in the questionnaire responses as proxy for the representativeness of the social workers that I have accessed. As will be seen in chapter 5 (5.1.4), the index children used in the questionnaire responses

have a very similar profile to the national characteristics of special guardianship children identified by Wade (2014). The characteristics and circumstances of the two groups of children, including ethnicity, relation to the special guardian, final placement and legal status prior to the SGO, and need code at entry into care, were all broadly similar. The children used by social workers in my study were about six months older when their SGO was granted than Wade's children (nearly six years old, compared to five and a half years old), but this can be explained by the choice of the eldest child from each case, for my study. As mentioned previously, the pilot study had indicated this was necessary for practical reasons, to avoid social workers having to answer for multiple children, and in order to keep the questionnaire to a manageable length.

Another obvious limitation on the questionnaires was my subjective choice of questions, based on my own experience in special guardianship. But by piloting the questionnaire, I opened it up for suggestions for additional questions and changes to the ones I had composed. I also included several text boxes on the questionnaire where respondents could add their own comments, if they felt that the answer options I had provided were too limiting or insufficient. However, the answers are limited by scope, because they are opinions on issues that I have chosen to focus on.

The number of focus groups I was able to hold was limited by my own personal resources and the time I had available.

I had asked team managers to provide a maximum of six special guardians or social workers, and this number was achieved in three of the four groups. Unfortunately the other group was only comprised of three social workers. I had to work with whomever I was presented with on the day, so a total of 21 focus group participants, out of a target of 24 was a good result. The focus groups were diverse in the characteristics of age, the social

workers' experience, and age of the special guardians' child. There was only one male social worker and one male special guardian in total in the focus groups, but that broadly reflects the gender split found nationally in these groups.

My involvement in the focus groups also obviously affected the participants' responses, as I was asking the questions and sometimes ad-libbing prompts. In doing this I tried to strike a balance between keeping to the scripted questions and prompting interesting comments when an opportunity arose. In all four groups I was struck by the conviction the speakers appeared to have for their views. My questions dictated the issues that the group would comment on, but I had a strong sense that their answers were the opinions that they wanted to express. In order to minimise the restrictiveness of my choice of questions, I did not discourage them from taking their answers beyond the subject of my questions, if they had a point they wanted to make.

Issues of reliability and validity are essential considerations in all types of research, although it is accepted that neither can ever be completely guaranteed (Walliman, 2011; Wellington & Szczerbinski, 2007). I think that the questionnaire had a high level of reliability, as the method and the questions used were clearly detailed, so that it would be possible to reproduce the study. Similarly when considering the validity, the questionnaire did seem to measure what I set out to test. The validity may have been affected by the make up of the sample group and the size of the sample. However as detailed, the responding social workers seemed broadly representative of my target group. The 102 responses barely allowed significance testing, and a larger response would have been preferable, although difficult to achieve. My methods used to organize the focus groups were transparent and reliable, although the nature of the approach means that no two sets of focus group results would ever be the same. The validity of these groups is harder to assess. The discussions that were recorded certainly focused on special guardianship contact and, through the use of scripted questions, covered the important issues. However, as the direction of the

discussions was partly dictated by the participants, the coverage of all aspects of contact was probably inconsistent. This is however the nature of focus group research.

4.5 Summary

In this chapter I have provided a clear account of what the researcher did, and the methods that were adopted. A mixed method approach was chosen, using an online questionnaire and focus groups to collect data. These were designed and planned in reference to the research question and with full consideration of research governance and ethical issues, which were addressed. All research subjects provided informed consent, and a complaints procedure was made available. The University of Bedfordshire IASR REC granted ethical approval, and an attempt was made to gain ADCS approval, although they eventually declined to either approve or reject the project. A great effort was made to secure individual local authority permission to undertake the research, and a clear and detailed description of the techniques and methods has been provided, so others could follow or recreate the same research. There is some transferability in this method, particularly in the complicated process of recruiting large-scale local authority cooperation with social care research, and identifying and contacting the right practitioners in the right teams. Applications were made to 149 councils, many of which did not have adequate research governance processes in place, or clearly designated individuals for making decisions about research applications. Eventually 71 local authorities agreed to take part in the study, although it is worth noting that despite sending formal applications with full supporting documentation (and numerous follow up calls and emails), there were still 29 local authorities who were unable to come up with a decision. This should be of concern to anyone who values the importance of social care research.

Eventually 102 completed and usable questionnaires were received, and four, hour-long focus groups were recorded, with a total of 12 special guardians and 9 social workers. A transparent process of data analysis was outlined, using SPSS for the questionnaires and transcription and manual coding and thematic analysis for the focus group data. Limitations on the research were acknowledged, and efforts were made to keep these to a minimum. In the next two chapters I will describe the questionnaire and focus group results achieved by following the methods outlined.

Chapter Five Results from the questionnaire

5.1 How the questionnaire worked

5.1.1 Local authority response rates and sample size (n=102)

The questionnaire remained open for just over three months, by which time 71 local authorities had agreed to participate, and 102 questionnaires had been received that were adequately completed (n=102). In addition, a further 36 questionnaires were received that were rejected as being non-usable responses because they were inadequately completed. These respondents either provided very few or no answers to the questions, or had not visited section three, on the factors that had led to the social worker's decisions on contact. As these factors are critical to answering my research question, I decided to discount these questionnaires. Of the 102 questionnaires I considered answered sufficiently to be used in the research, 99 had been fully completed. This does not mean that every question had been answered, but that the social workers completing them had visited all the sections, answering the questions they wanted to.

There were also three submitted questionnaires that Qualtrics labelled as being 83% completed. This meant that the respondent had completed sections one to four, but not visited the final section five, about their personal views on special guardianship. I felt that these questionnaires held enough useful data, including the section on factors leading to decisions on contact, to be worthy of inclusion in the research.

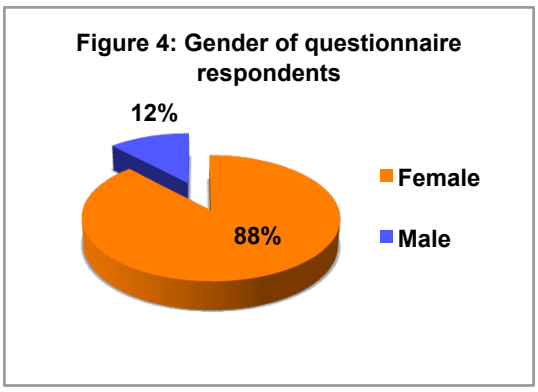
5.1.2 Questionnaire format

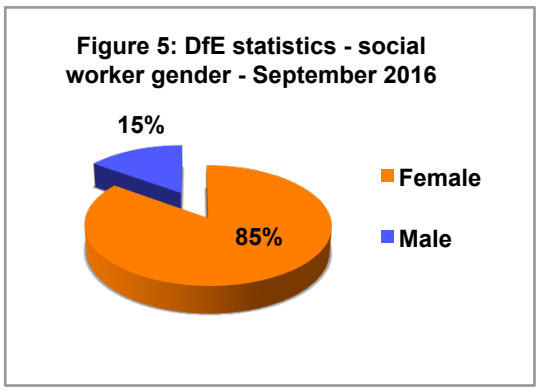
Respondents were asked to choose one of their recent special guardianship cases, and base their answers on what they did in that particular case. Where the chosen case involved more than one child, respondents were asked to answer for the eldest child only (the index child), in order to keep the questionnaire to a workable length.

They were then guided through five sections of questions. These covered background information about the child and the case, the recommendations that were made, the factors that led to those decisions, information about the respondent, and some of the respondents' general views on contact.

5.1.3 Characteristics of the responding social workers

The target group for my questionnaire was local authority social workers involved with making contact recommendations in special guardianship cases. Respondents were asked to provide details about themselves, in order to determine whether my study sample was representative of the whole population of interest. The results indicated that the study sample was broadly representative of social workers nationally. Of the 101 who reported their gender, 89 were female (88.1%) and 12 were male (11.9%). By comparison, statistical first release data returned by local authorities to the Department for Education on children and family social workers in 2016 estimated that of those reporting their gender, 85% were female and 15% male (DfE, 2017c) (Figure 4 & 5).





A total of 97 respondents provided their age, which ranged from 20 to 61. The mean age was 40 and the mode was 43. There was an even spread of respondents across the different age groups. Comparative figures from the DfE on social worker age in England for 2016 are limited to percentages in the various age bands (DfE, 2017c) (Table 1). This indicates that broadly the age ranges were similar, although a higher percentage of my questionnaire respondents came from the 20-29 age group than the 30-39 group, compared with national figures.

Table 1: Age of the respondents

Age	Respondents Number (n=97)	Respondents Percentage	DfE percentage of social workers across England at 30 Sept 2016
20 – 29	25	25.8	15.9
30 – 39	20	20.6	29.3
40 – 49	27	27.8	25.0
50 – 59	23	24	24.1
60 and above	2	2	5.1
TOTAL	97	100.2	99.4

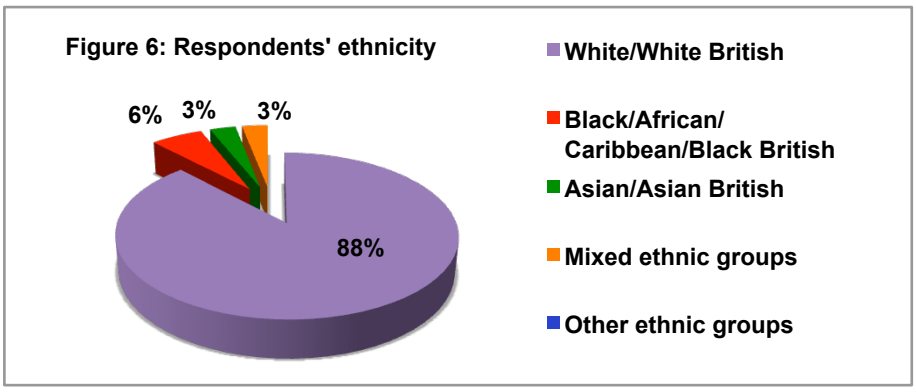
Respondents were asked for their ethnicity, using the harmonised country specific questions recommended by the Office for National Statistics (ONS, 2015) (Figure 6). The answers are compared in Table 2 below, with the DfE figures for children's social workers across

England. However, it should be noted that the DfE figures were collected on a voluntary basis, and the variables for ethnicity had a low response rate, with 30.8% either 'unknown or information not provided' (DfE, 2017c, p.10). The DfE figures shown in Table 2 are therefore percentages for those answers that were received.

However, a Health & Social Care Information Centre report on behalf of the Department of Health (HSCIS, 2015) showed similar percentage for 2014, where 79% of adult social workers were white. This indicates that there may have been a slight over representation of white social workers amongst my respondents.

Table 2: Respondents' ethnicity

Ethnic origin	Respondents Number (n=100)	Respondents Percentage	DfE percentage of social workers across England at 30 Sept 2016
White/White British	88	88	78.4
Black/African/Caribbean Black British	6	6	12.4
Asian/Asian British	3	3	6.3
Mixed ethnic groups	3	3	2.9
Other ethnic groups	0	0	0
TOTAL	100	100	100



All of the respondents stated approximately how many years they had been practicing as social workers (Table 3). This ranged from one who had worked for less than one year, to one who had worked for 35 years. The mean length of practicing was seven years and the mode was two years. This showed that over a third had been practicing for less than five years.

DfE figures for length of practice are not directly comparable, as they use different measurement categories (DfE, 2017c). However, the two parts of Table 3 show that the practice experience of questionnaire respondents is broadly similar to the national figures.

Table 3: Approximately how long the respondents had been practicing as social workers?

Questionnaire Respondents Years	Number (n=102)	Percentage
Less than 5	37	36.3
5 – 9	25	24.5
10 – 14	18	17.6
15 – 19	12	11.7
20 – 24	3	2.9
25 – 29	1	1
30 – 34	5	5
35 and over	1	1
TOTAL	102	100

DfE Sept 2016 Years in service at local authority	Percentage
0 - 2	29.7
2 - 5	21.8
5 - 10	19.5
10 – 20	20.5
20 – 30	6.4
30 and over	2.1
TOTAL	100

Finally, respondents were asked how many special guardianship assessments they had completed in the previous 12 months, and 98 answered (Table 4). These ranged from 0 to 20. The eight respondents who said they had not completed any assessments, were likely to have been the child's social workers who did not assess the special guardians but did make the recommendations on contact. The mean number of assessments completed by

each respondent was three, with just over two thirds of respondents having completed between one and four assessments over the previous year. There is no national research available on the number of SGO assessments being completed by individual social workers.

Table 4: Approximately how many special guardianship assessments have you completed in the last 12 months?

Assessments completed In previous 12 months	Number (n=98)	Percentage
0	8	8.2
1	17	17.3
2	14	14.3
3	12	12.2
4	15	15.3
5	5	5.1
6	5	5.1
8	7	7.1
10	1	1
11	1	1
12	4	4.1
16	2	2
17	1	1
18	1	1
20	5	5.1
TOTAL	98	100

5.1.4 Characteristics of the children

The questionnaire asked social workers for information on the characteristics of the index child in the special guardianship case they were using for their answers. The aim was to build a profile of the children involved, to see how representative my study sample was. Wade had previously provided a picture of the national characteristics of special guardianship children (2014). He analysed the Department for Education's national

administrative dataset of local authority (SSDA 903) returns for 5,936 children being granted an SGO between 1/1/06 and 31/3/11. By using the same identifying characteristics, it was possible to compare the two groups of children (Table 5).

The results indicated the children in my study were about six months older than the children in Wade's sample, and their SGOs were much less likely to have been granted to a former foster carer. But otherwise they had similar characteristics to Wade's national profile of special guardianship children.

Table 5: Age of child when the SGO was made

	Number (n=100)	Percentage	Wade (2014) Number (n=5936)	Wade (2014) Percentage
Under 5 years	**46**	**46**	**3275**	**55.2**
5-9 years	**28**	**28**	**1624**	**27.3**
10 years or over	**26**	**26**	**1037**	**17.5**
TOTAL	**100**	**100**	**5936**	**100**

The average age of children in my research, at the time their SGO was granted, was 5 years and 11.85 months, compared with Wade's study, where the average age was five and a half years. The two figures are similar, but not directly comparable, as Wade considered all special guardianship children, whereas I asked respondents to choose one case and answer the questions in relation to the eldest child only. The slightly older mean age in my sample would be expected by choosing to use the eldest child, which would suggest that the cases broadly reflect the national picture. However, the decision to focus on the eldest child only does introduce an element of bias. For example, contact levels for older children may be higher, because they may have more established relationships with their parents.

In over 90% of cases, the special guardian was a relative of the child, and in nearly 60% of all cases this was a grandparent (Table 6). The figures on the carer's relationship to the child, closely reflects Wade's figures, but with more grandparents and fewer foster carers. Wade's figures came from his study in seven local authorities, rather than from his analysis of national datasets, and so his figures are based on a much smaller sample of 230 cases. Ananda Hall's analysis of County and High Court files, two years after SGOs had been introduced, indicated that of all the orders made, 87% were to kinship carers, of which 68% "belonged to the 'grandparent' generation (including great-aunts and uncles)" (Hall, 2008, p.150). Hall also found that 12% of SGOs were made to foster carers. Only 2% of my cases were to foster carers, which may have been a statistical anomaly due to the small sample size, or it may indicate a diminishing take up of SGOs by foster carers in more recent years, since Wade and Hall's research.

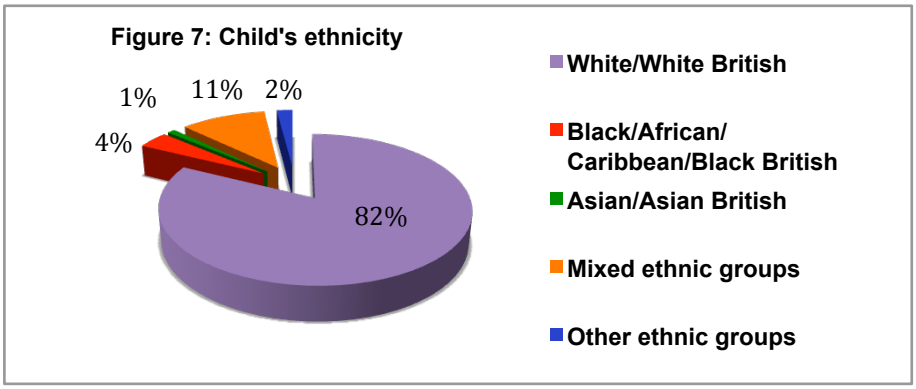
Table 6: Special guardian's relationship to their child

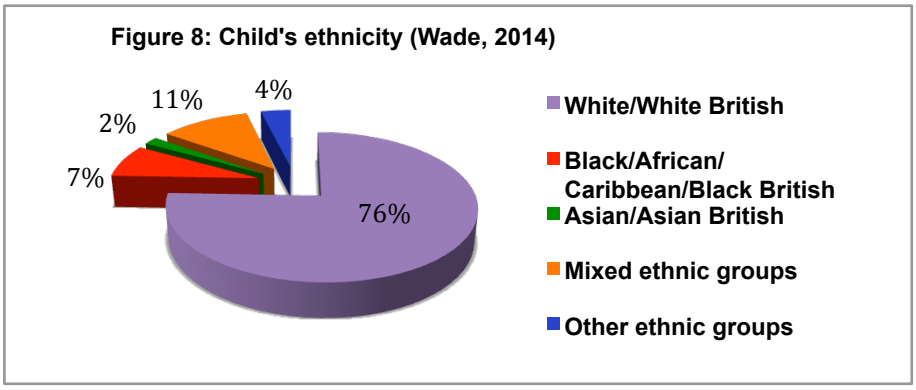
	Number (n=102)	Percentage	Wade (2014) Number (n=230)	Wade (2014) Percentage
Grandparent	**61**	**59.8**	**106**	**46**
Aunt or uncle	**23**	**22.5**	**61**	**26.5**
Brother or sister	**0**	**0**	**4**	**2**
Cousin	**1**	**1**	**7**	**3**
Other relative	**10**	**9.8**	**25**	**11**
Friend of the family	**5**	**4.9**	**5**	**2**
Foster carer	**2**	**2**	**22**	**9.5**
TOTAL	**102**	**100**	**230**	**100**

Details were collected on the ethnicity of children in the study, using the Office for National Statistics' harmonised country specific questions (ONS, 2015) (Table 7). The results were very similar to the figures for ethnicity in Wade's study (2014) with over three quarters of the children being White/White British (Figure 7 & 8).

Table 7: Child's ethnic origin

	Number (n=102)	Percentage	Wade (2014) Number (n=5936)	Wade (2014) Percentage
White/White British	84	82.4	4486	75.6
Black/African/Caribbean Black British	4	3.9	444	7.5
Asian/Asian British	1	1	109	1.8
Mixed ethnic groups	11	10.8	672	11.3
Other ethnic groups	2	2	225	3.8
TOTAL	102	100	5936	100





Over half the children were living with family or friends at the time the SGO was granted, and it can be assumed that many of these will have been with the special guardian to be (Table 8). Over a quarter (27.5%) were with foster carers, and most of the rest (18.6%) were still with their parents. The notable difference in these figures from Wade's, is that in 2014 he found that only 0.6% of SGO children were living with their parents prior to the order

being granted. This may be because more children were removed from their parents' in 2014, prior to a final decision being made on their permanency. Or it may be that some respondents interpreted the question as meaning, 'where was the child living prior to being placed with the special guardian' (rather than prior to the SGO being granted). If this latter explanation is correct, the amount of children in this study, placed with family and friends prior to the SGO, would be similar to Wade's figure.

Table 8: What was the child's final placement prior to the SGO?

	Number (n=102)	Percentage	Wade (2014) Number (n=5936)	Wade (2014) Percentage
With family or friends	53	52	4058	68.4
In foster care	28	27.5	1826	30.8
With parents	19	18.6	36	0.6
Residential care	0	0	7	0.1
Other	2	2	9	0.1
TOTAL	102	100	5936	100

Questionnaire respondents were asked about the reasons why their child entered care (Table 9). Looked after children all receive a need code describing why they have become looked after. These codes are inevitably general labels, as the family situations are often complex, and more than one need code could be applied to some children. However, they do give a general indication of reasons for removal. As with Wade's figures (2014) the overwhelming need code for special guardianship children in this study was abuse and neglect (79.4%), with the other categories having comparable percentages.

Table 9: What was the child's need code at first entry into care?

	Number (n=102)	Percentage	Wade (2014) Number (n=5936)	Wade (2014) Percentage
Abuse or neglect	81	79.4	4103	69.1
Family dysfunction	8	7.8	792	13.3
Parental illness or disability	7	6.9	420	7.1
Child's disability	1	1	42	0.7
Family stress	1	1	425	7.2
Absent parent	3	2.9	109	1.8
Child's behaviour	0	0	25	0.4
Low income	0	0	20	0.3
Other	1	1	0	0
TOTAL	102	100	5936	100

Respondents also provided details of their child's legal status, prior to the SGO (Table 10). Three of the respondents ticked two boxes, indicating that there were two appropriate orders or statuses in place prior to the SGO. Where this happened I have used the Interim Care Order, which is the highest level of status, for further analysis. This issue did not occur in Wade's research. The spread of legal status is very similar to Wade's sample group, except for a much smaller percentage of Interim Care Orders, which have been replaced in my sample by a sizeable number of Child Arrangements Orders. These were not available for Wade's research, having only been introduced by the Children and Families Act in April 2014 (Great Britain).

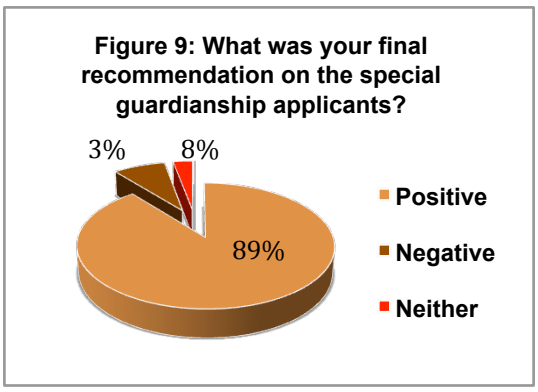
Table 10: Child's legal status, prior to the SGO

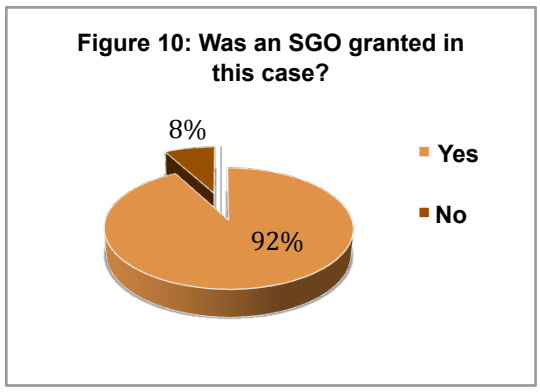
	Number (n=101)	Percentage	Wade (2014) Number (n=5934)	Wade (2014) Percentage
Interim Care Order	49	48.5	3809	64.2
Child Arrangements Order	18	17.8	0	0
Voluntary Accommodation	16	15.8	859	14.5
Full Care Order	12	11.9	1211	20.4
Supervision Order	3	3	3	0
Voluntary series of linked episodes	2	2	6	0.1
Freeing/Placement Order	1	1	46	0.8
TOTAL	101	100	5934	100

5.1.5 Characteristics of the cases studied

Respondents were asked to provide details about the particular case they had chosen for their answers. Two thirds (n=68) of the cases involved only one child, and this was therefore the child on which their answers were based. Most of the remaining 34 cases involved two or three children, although five involved four or more. For these cases the respondents used the eldest child for their answers. The average number of children in the 102 cases chosen by social workers was 1.6.

Out of the 102 cases (Figure 9), the social worker's recommendation for an SGO was positive in 91 (89.2%), negative in eight (7.8%), and neither in three (2.9%). The 'neither' category most likely refers to cases where no final recommendation was made. Out of 101 cases (Figure 10), an SGO was granted in 93 (92.1%), and not granted in eight (7.9%).





5.1.6 Summary of characteristics of social workers, children and cases studies.

In total, 102 usable questionnaires were submitted from 71 local authorities. Characteristics of the responding social workers were compared with DfE data on children's social workers nationally. In my study sample, 88% were female, compared with 85% across the country. The proportion of respondents in the various age bands was broadly similar to national figures. A higher proportion of my respondents had White/White British ethnicity (88% to 78%), with Black and Asian ethnicities having half the representation they have in the national proportion of social workers. DfE figures indicated a representative spread of professional experience among questionnaire respondents, but with a lower proportion of them having 0-5 years experience. The average number of special guardianship assessments being completed by respondents was three, with 67% of the social workers having completed four or less over the previous year.

The index children were broadly representative of the national characteristics of special guardianship children that Wade identified in 2014. The average age of children at the time their SGO was made was just under six months older in my study than in Wade's, which can be explained by the choice of the eldest child from each case. The ethnicity of the children and their need code at first entry into care were very similar to those of the children Wade studied. In over 90% of the cases in the study the SGO was made to a relative,

reflecting Wade and Hall's figures, with the largest group of relatives being grandparents. However, only two out of my 102 cases involved an SGO to a former foster carer, which is much lower than in Wade and Hall's studies. This may be an anomaly due to my small sample size or it may indicate fewer foster carers choosing SGOs. The study suggests that nearly a fifth of the children were living with their parents prior to the SGO being made, whereas with Wade's study the proportion was less than one per cent. However, it is possible that many of these, who were amongst the 90% eventually placed with kin, were actually placed prior to the SGO being granted, in which case their 'final placement' figure should have been included with 'family and friends'. If this is correct, the figures would be very similar to Wade's. Fewer children were on Interim Care Orders, prior to their SGO, than in Wade's study, however this is explained by an 18% use of Child Arrangements Orders, which had not been introduced at the time of Wade's study. In 93 of the cases an SGO was granted, and contact would have become a part of the child's life.

5.2 The recommendations made by social workers

5.2.1 Frequency and duration of contact for the birth parents

Where a SGO has been made for a child, it will already have been decided that the child should not live with their mother or father. Parents often find it very difficult to accept that someone else is caring for their child, and that their contact with them will be limited in the future. So the most obvious requirement of the social worker's recommendations on contact is to define the amount of time each parent will spend with the child after the SGO has been granted. As was confirmed by the focus groups, the principal recommendation on contact for birth parents concerns the frequency, or how often the contact should take place.

Questionnaire respondents were asked to choose one of their recent SGO cases, and base all their subsequent answers on that particular case. They were first asked about whether they had made recommendations on contact frequency levels for the parents. In 91% of the cases they had included a recommendation on contact for the mother, but in only 60% of the cases for the father (Figure 11 & 12).

Figure 11: Did you make a recommendation on the frequency of contact, for the birth mother?

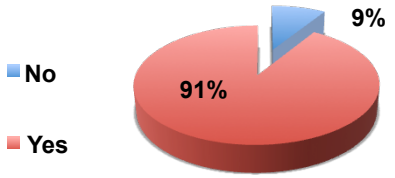
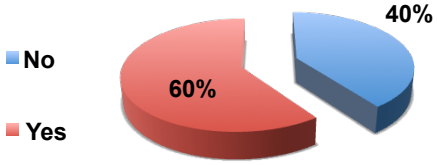


Figure 12: Did you make a recommendation on the frequency of contact, for the birth father?



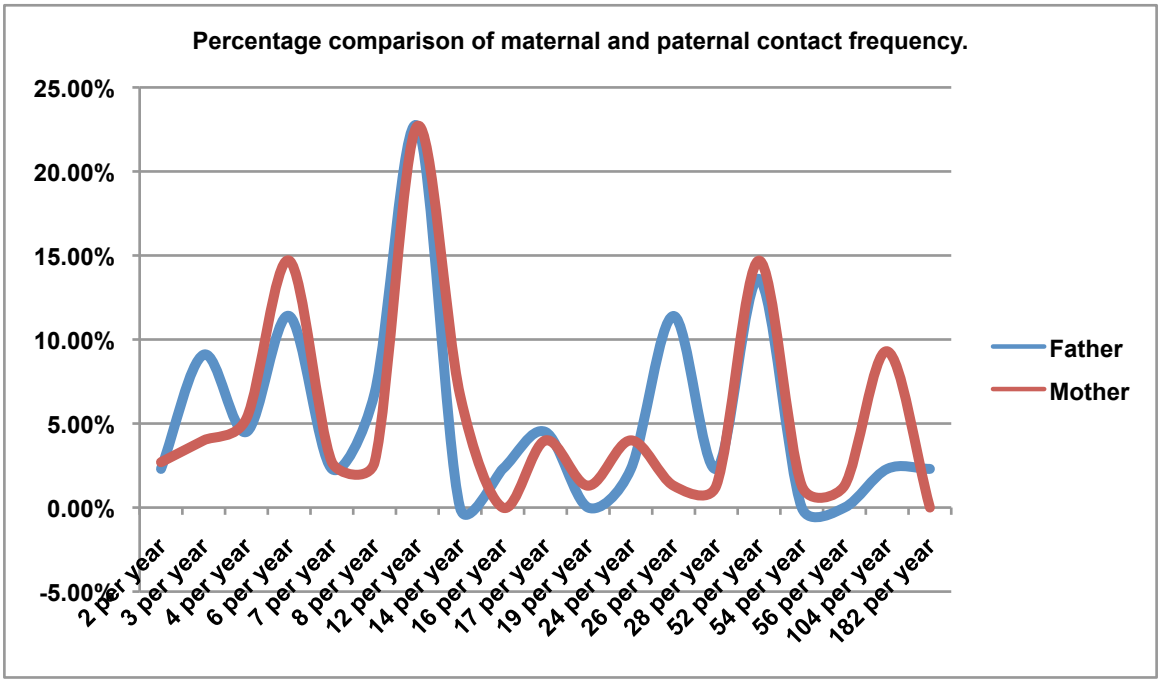
Respondents were asked how much contact they recommended for each parent. Some of the answers did not indicate a specific amount of contact, such as those who answered 'variable'. Where a specific amount of contact could be gleaned from the responses, these were converted into the equivalent number of contacts per year, and have been included in Table 11. Where answers indicated a range of contact (eg: 2-3 times a year), the higher figure was used, as it was inferred that this was the upper limit. Where respondents mentioned contact on 'special occasions' (plural) this was counted as two contacts per year: one for a birthday and one for Christmas, or an equivalent.

Table 11: Frequency of contact recommended for the parents

Contacts Per year	For mother (n=75)	Percentage	For father (n=44)	Percentage
2	2	2.7	1	2.3
3	3	4	4	9.1
4	4	5.3	2	4.5
6	11	14.7	5	11.4
7	2	2.7	1	2.3
8	2	2.7	3	6.8
12	17	22.7	10	22.7
14	5	6.7	0	0
16	0	0	1	2.3
17	3	4	2	4.5
19	1	1.3	0	0
24	3	4	1	2.3
26	1	1.3	5	11.4
28	1	1.3	1	2.3
52	11	14.7	6	13.6
54	1	1.3	0	0
56	1	1.3	0	0
104	7	9.3	1	2.3
182	0	0	1	2.3
TOTAL	75	100	44	100.1

A specific level of contact for mother was stated in 75 cases, and for father in 44 cases. The average number of contacts was 26.73 times per year for mothers and slightly lower at 23.48 for fathers. The mode amount for both parents was 12 times a year. By adjusting the figures to an equal number of cases for mothers and fathers, it is possible to compare the percentage amount of contact for each parent (Figure 13). As can be seen, the figures are broadly similar, with a slightly higher level of contacts being recommended for mothers.

Figure 13: Percentage comparison of maternal and paternal contact frequency



Another way to compare contact frequency for mothers and fathers was to only consider the amount of contact recommended for each parent in the 40 cases where a recommendation on frequency had been made for *both* parents. In these cases mothers averaged 25 contacts per year and fathers averaged 18.7. In three of these cases the fathers had much less frequent contact than the mother, but had their child for overnight stays at the weekend. The recommendation for overnight stays might have been a 'balance', to 'compensate' for the less frequent contact. However, when these three examples were removed from the equation, mothers still had recommendations for three more contacts per year than fathers. Several of the responses on frequency included recommendations on contact for a particular occasion. Between both parents there were eight recommendations for contact on birthdays, seven on special occasions, four at Christmas, four in school holidays, and two for festivals. Of these, 17 were for the mother and eight for the father.

In two cases for the mother and two cases for the father, the recommendation was that the special guardian should determine the contact frequency.

These different results on contact frequency were compared against a number of independent variables, using bivariate analysis, in order to ascertain whether any of the characteristics of the social workers were linked to their decisions. The variables used were the social worker's age, their years of practice, and the age of the child in the case they reported on. These were compared against responses for frequency of contact for each parent, highest levels of contact recommended for each parent, the level of contact recommended most often, and the number of cases where social workers felt contact was a positive thing for each parent.

Social workers' responses about age were grouped into four roughly equal sized groups and were compared (Table 12). Social workers' responses about years of practice were divided into three groups and were compared (Table 13). Statistical comparisons between the groups produced the following results.

RESULTS

The ANOVA test comparing social workers' age with the level of contact that had been recommended most often revealed a significant difference between the groups. [$F(3,77)=2.796$, $p=.046$]. Bonferroni post-hoc tests showed that there was a statistically significant difference between the level of contact recommended most often by social workers aged 50 and above to that recommended by social workers aged 40-49. Statistical comparisons for frequency of contact for birth fathers did not produce any statistically significant differences between the groups.

Table 12: Social workers' age compared with contact recommended most often

Social workers' age	N	Frequency of contact recommended most often (times per year) Mean	SD
Group 1			
SWs age 20 – 29	**20**	**19.3**	**15.5**
Group 2			
SWs age 30 -39	**17**	**15.6**	**17.6**
Group 3			
SWs age 40 -49	**22**	**28.4**	**25.3**
Group 4			
SWs age 50 and above	**22**	**13.1**	**13.0**

The second variable that was compared in terms of contact frequency for birth mothers and fathers concerned the social workers' years of practice. The ANOVA test comparing social workers' years of practice experience in relation to frequency of contact revealed a significant difference between the groups for birthmothers. [$F(2,72)=4.804$, $p=.011$]. Bonferroni post-hoc tests showed that the social workers with 0-4 years experience recommended much more frequent contact with birth mothers, than their more experienced colleagues with 11 or more years experience. The comparisons between the groups for birth fathers did not produce any statistically significant differences.

Table 13: Social workers' years of practice compared with contact frequency for mothers

Social worker's approximate years' practice	N	Mean contact frequency recommended for mother (times per year)	SD
Group 1			
0 – 4 years	30	37.4	37.2
Group 2			
5 – 10 years	21	26.9	26.7
Group 3			
11 or more years	24	13.2	13.6

No other bivariate analysis was statistically significant, but the figures returned indicated that the length of practice did not appear to affect the contact recommended for fathers. The age of the child at the time the SGO was granted did not produce statistically significant results, although responses indicated older children (10 or over) were recommended higher contact for mothers, as might be anticipated for children with longer established bonds. However, the recommended contact indicated for fathers was marginally lower for these older children.

Social workers made a recommendation on the duration of contact for the mother in 83% of the cases, and in 55% of the cases for the father (Figure 14 & 15). These figures follow the pattern of the recommendations on contact frequency, as duration would only be likely to be recommended if frequency had been.

Figure 14: Did you make a recommendation on the duration of contact, for the birth mother?

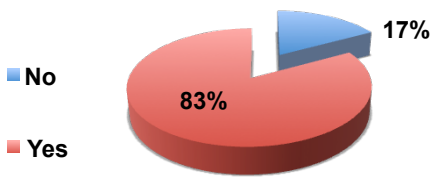
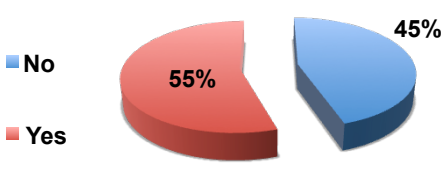


Figure 15: Did you make a recommendation on the duration of contact, for the birth father?



The average duration of contact recommended for mothers and fathers, was virtually identical at two and a half hours, with two hours of contact being by far the most common recommendation (Table 14). However, there were several cases where contact was recommended for much longer.

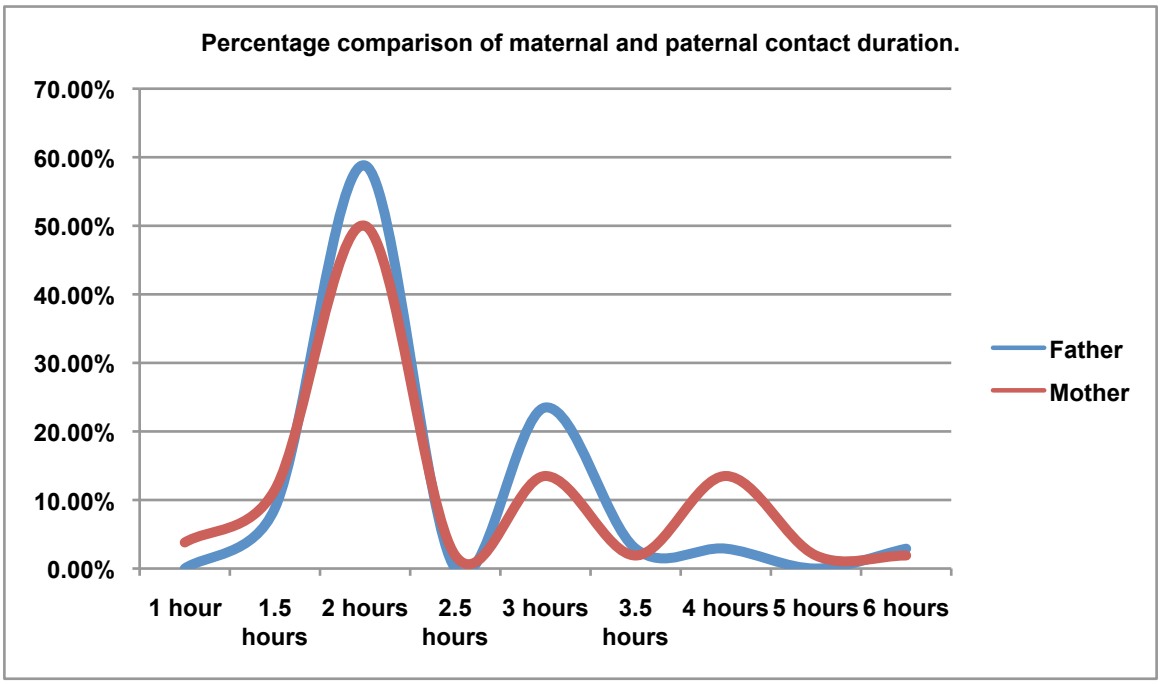
Table 14: Duration of contact recommended for the parents

No of hours	Mother (n=52)	Percentage	Father (n=34)	Percentage
1	2	3.8	0	0
1.5	6	11.5	3	8.8
2	26	50	20	58.8
2.5	1	1.9	0	0
3	7	13.5	8	23.5
3.5	1	1.9	1	2.9
4	7	13.5	1	2.9
5	1	1.9	0	0
6	1	1.9	1	2.9
TOTAL	52	100	34	100

In the 25 cases where a recommendation on frequency and duration had been made for *both* parents, the average duration recommended for mothers and fathers was also virtually identical (2.26 hours to 2.34 hours).

By adjusting the total figures to an equal number of cases for mothers and fathers, it is possible to compare the percentage amount of contact duration for each parent (Figure 16). Again the figures were broadly similar, with longer contact duration being recommended in slightly more cases for mothers.

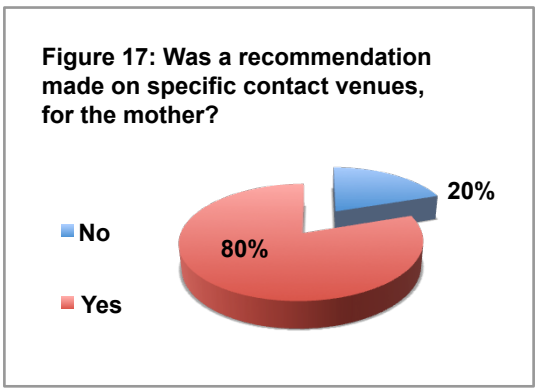
Figure 16: Percentage comparison of maternal and paternal contact duration

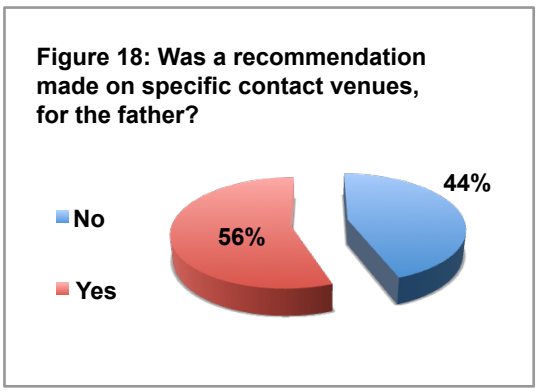


Social workers recommended that the duration of contact should be determined by the special guardian, for the mother in 24% of the cases, and for the father in 13% of the cases.

5.2.2 Other specific contact recommendations

Respondents were also asked whether they had made recommendations on venues for contact, for either parent (Figure 17 & 18).





Respondents had made venue recommendations in 81 cases (80%) for mothers, and in 55 cases (56%) for fathers. But not all explained what their recommendation was. The most common stated venue recommendation involved contact in the community, either on its own or combined with other options, such as the special guardian's home (Table 15). Contact centres were indicated in about a fifth of the venue recommendations, and in a slightly higher proportion of recommendations for fathers.

Table 15: Recommendations on contact venues

Venue recommended	For mother	For father
In the community	33	14
SG's home	7	8
Parent's home	3	1
Community and SG's home	11	6
SG's home & parent's home	0	1
Community, SG's home & parent's home	1	0
At a specific relative's home	2	2
Contact centre	9	7
Contact centre & community	1	1
Contact centre, progressing to community	2	2
Contact centre, community & parent's home	1	0
SG to decide on venue	3	5
TOTAL	73	47

Several of the social workers had made recommendations on other people who could attend contact. In 70 of the 102 cases, respondents had detailed family members who could join contact with the parents (Table 16). The largest group of these was grandparents (x21), followed by siblings (x17). In 55 of the cases, respondents had recommended contact for family members in addition to, and separate from, the parents (Table 17). Again the largest of these groups was grandparents (x16), followed by siblings (x14).

Recommendations on other people who can attend contact -

Table 16: with the birth parents

Other people who can attend contact with the birth parents.	Recommended (n=102)
Grandparents	21
Siblings	17
Half-siblings	5
Aunt/uncle	6
Cousins	3
Parent's new partner	4
Family member (unspecified)	11
Specific family member/friend	3
TOTAL	70

Table 17: separately from the birth parents

Other people who can attend contact separately from the birth parents.	Recommended (n=102)
Grandparents	16
Siblings	14
Half-siblings	6
Aunt/uncle	7
Cousins	3
Family member (unspecified)	9
TOTAL	55

The questionnaire asked respondents whether they had included any specific types of contact in their recommendations. In over a third of all the cases (x36) it was recommended that contact should be supervised. And in nine of these, it was stated that the special guardian should be the supervisor. In another, the local authority was to supervise contact initially, and then the special guardian would take over. Directions were included for telephone contact in 11 cases, and for 'no telephone contact' in three cases. There were also recommendations for Skype contact (x2), Facetime (x2) and text messaging (x1). There was authorization for letters in two cases, letters and photos in another, and cards and small presents in another. Two cases mentioned that overnight stays with parents could take place, and another two prohibited them. There were also five cases that made a recommendation for contact with a specific individual. Two of these specified indirect contact: one because the parent was in prison, and the other for a mother who had lost contact but might reappear in the future. Another required the father to engage with an assessment before his telephone contact could progress to face-to-face contact.

Respondents also provided information on other details in their recommendations. Most of these either directed duties for the special guardian (x11), or required various actions from the parents in order for contact to go ahead (x11). For example: one required the carer to keep the child within sight and hearing throughout contact. Five recommendations emphasized the special guardian's authority over decisions on contact, and four specifically directed the carer to stop contact if the parent was under the influence of drugs or alcohol, behaving inappropriately or attending inconsistently. The actions required of parents included attending or completing therapeutic interventions, such as domestic abuse perpetrator courses or addictions appointments. In two cases contact could not take place until a risk assessment had been completed. There were two recommendations that mentioned the mother should not attend under the influence of alcohol, and two that stated the mother should not talk inappropriately to the children or undermine the placement. There was another case where the mother was to show sustained improvements to her mental health, and one where contact should be cancelled if the mother presented with bruises or facial injuries. One recommendation required the parents to give the carer enough warning if they were going to be unavailable for contact. Another authorized future contact for a father, "providing he makes an effort to get to know the child". There were also five recommendations that involved a restriction or prohibition of contact for specific family members, and one that directed that sibling contact should take place without the parents present.

5.2.3 Support from local authorities

There were four references to continued local authority involvement for a limited period, two of which involved the council supervising the contact. Respondents were asked if they had included specific details of local authority support in their recommendations. In 17 cases the local authority continued to pay for use of a contact centre and supervisor, after the SGO was granted. A commitment was made to some kind of financial help in 22 other cases. Half

of these involved help with the cost of travel to contact. Another eight did not explain specific recommendations, but simply stated they would provide ‘financial help’. This may refer to the ongoing responsibility to assess the needs of parents, child or special guardians that all local authorities have (DfE&S, 2005). Recommendations also referred to provision of training (x5), mediation (x5) and counselling or emotional support (x4). The relatively low number of mentions for training may reflect the limited resources councils are able to provide.

These examples may not be wholly indicative of local authority support, as they only refer to what was included in the recommendations on contact. Local authorities are required by the 2005 regulations to provide a detailed summary of support services for the prospective special guardian, child and parents, in addition to the special guardianship report. This is usually done in a separate support plan, which accompanies the social worker’s report.

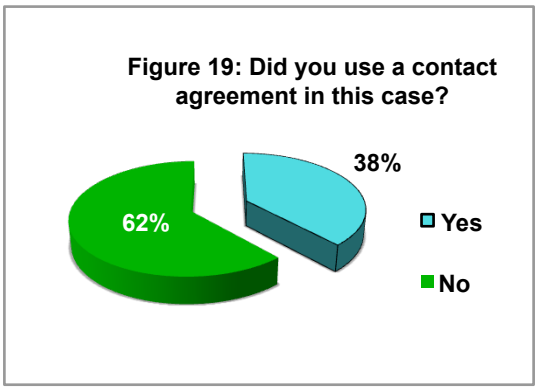
5.2.4 Planned variations to contact in the future

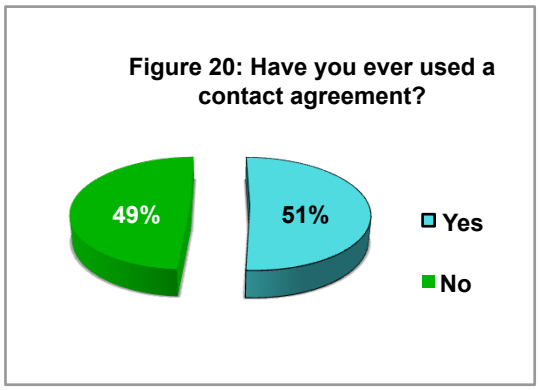
Over half the respondents (x58) had included some directions on how contact might change in the future. In 23 cases the social worker advised that a review of contact should take place after a specific amount of time. These were all to be within the first 12 months after the SGO was granted, although in three cases the social worker recommended ongoing annual reviews. Contact reviews can be a helpful way for social workers to support carers in adapting contact to better fit their current circumstances. In 21 cases the recommendations advised an increase or decrease in contact, in the event of various circumstances occurring. The majority of these could be summarised as depending on the parents’ engaging responsibly with contact and attending reliably. Other future changes envisaged included one set of parents returning to employment. There were five examples where the social

worker recommended that contact should change in the future as the child became older and was able to express their own wishes.

5.2.5 Voluntary contact agreements

One useful way of promoting and developing parental engagement with contact is to get them to contribute to drawing up a voluntary contact agreement. This does not have any legal standing but, by encouraging them to contribute to a contact plan, and putting down on paper what the parents and special guardian have agreed to, it does formalise and encourage the commitment of both sides to work to an agreed agenda. Respondents were asked whether they had used a voluntary contact agreement between the special guardian and the parents. In the cases they were using for their questionnaire answers, 38% had used a contact agreement (Figure 19). And 51% said they had used a contact agreement in the past (Figure 20). Unfortunately practical limitations on the size of the questionnaire precluded any investigation of what these agreements covered.



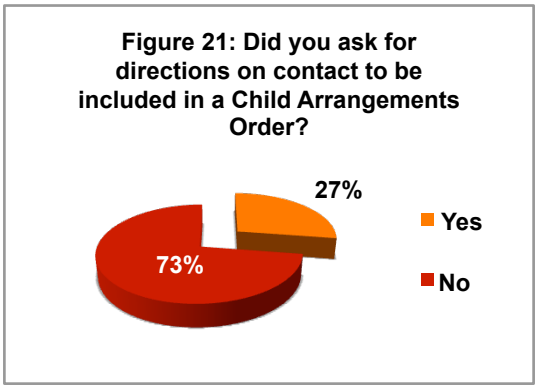


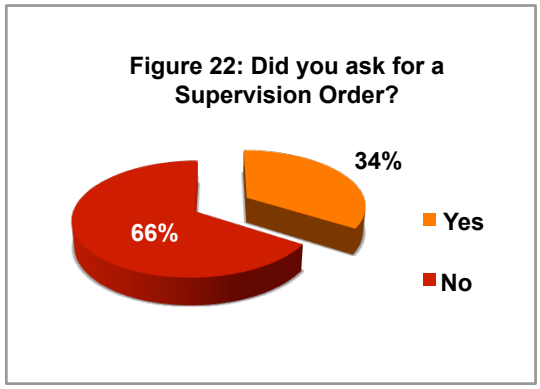
5.2.6 Court orders

Contact recommendations are not legally binding, as the parental responsibility conferred on the special guardian by the SGO gives them authority over all decisions regarding the child. However, the social worker can ask the court to include recommendations on contact into a Child Arrangements Order (CAO), thereby making them a legal responsibility.

Respondents had asked for their directions on contact to be included in a CAO in 26 out of 95 cases (27%) (Figure 21). Some said they had requested this to support the special guardian and provide stability, where it was felt a parent might not otherwise adhere to the contact plan and might cause conflict in the future. Some respondents gave reasons why they had not requested a CAO, with most saying the special guardian was confident and competent, and there was unlikely to be any conflict. They also wanted the carer to be in full control of the contact and to make the necessary choices and decisions. One social worker asked for a CAO only where there was likely to be real difficulties between the birth parents and the special guardian.

Courts can also grant a supervision order (SO) in SGO cases, where the local authority feels it needs ongoing involvement with the family for a limited period. Respondents had asked for a supervision order to be attached to their SGO in 34 out of 100 cases (34%) (Figure 22). The reasons given for this were to enable ongoing support and monitoring of the placement during the initial settling in period. Other reasons included anticipated problems with the parents, and the need for the carer to be helped to build up confidence to manage contact. Data was not collected on how many requests for SOs were granted, but Wade found that in about one in 9 cases, a supervision order was made at the time of the SGO (2014).





Respondents were asked about any directions made by court on contact. Some of the answers were ambiguous, but 21 social workers said court had included some directions on contact in an order. Of these, 19 involved directions on contact frequency. In the other two cases court placed a duty on the mother (to attend therapeutic support in one, and to meet with the local authority in the other) before she could have contact.

5.2.7 Summary

Respondents had made recommendations on contact frequency, and to a lesser extent contact duration, in the majority of their cases. Approximately 50% more recommendations of both were made for mothers than for fathers, although the reasons for this are not clear, and there are several possible explanations. The average amount of contact recommended for mothers was 26.73 times a year, and 23.48 for fathers. The most common recommendation for each parent was monthly.

Bivariate analysis of the data revealed two statistically significant results. The level of contact recommended most often by social workers aged 50 and over was significantly less than for social workers aged 40-49, and social workers with 0-4 years experience recommended significantly higher levels of contact for mothers, than social workers with 11 or more years experience.

Recommendations often included details of contact for birthdays and other events, for specific venues, for other people who can attend, and non face-to-face contact such as phone calls and Skype. Some recommendations included required actions by the parents or the special guardians, in order for contact to take place. However, there were very few references to the parents' behaviour once contact had begun. Over half the cases included directions on how future contact might change, and 23 respondents recommended a review of the contact after a specific amount of time. Voluntary contact agreements were used in

over a third of cases, and 27% of respondents had asked for contact directions to be included in a Child Arrangements Order. 34% had asked for a Supervision Order. In at least 21 cases, court had included some directions on contact in an order.

5.3 The factors that led to the recommendations

5.3.1 Consideration of different issues regarding the child

In the third section of the questionnaire, respondents were asked to consider a number of factors that may have influenced their recommendations on contact. The questions were divided into four sections, with factors covering the birth parents, the child, the special guardian, and other issues including views expressed by various people. Respondents were asked to rate the importance of each factor on an 11 point Likert scale, from 0 (not at all important) to 10 (very important).

The drawback of this approach is that it suggests answers to the respondents, and may imply that these are the factors they should have considered. The alternative would have been to ask respondents to state what they thought were the important factors. However, the effectiveness of that approach would rely on respondents remembering all the relevant factors. I considered it preferable to get an opinion on as broad a range of factors as possible, from as many of the respondents as possible.

The factors rated most important (those scoring at least 9), were the best interests of the child (score: 9.62) (Table 18), consideration of the child's age and development (9.50), analysis of any ongoing risk to the child posed by the parents (9.35), and the effect that contact may have on the stability of the placement (9.24). The higher scores for these child-

centred factors is not surprising, as they reflect the guiding principle of children's social work since the Children Act 1989 (Great Britain) that the child's welfare shall be the paramount consideration.

Consideration of the child's wishes (8.46) scored slightly less. This may have been because in many of the cases used by questionnaire respondents the child was too young to express his or her views, and so this factor was given a lower score in those cases.

Table 18: Factors that affected contact decisions – the child

How important were the following factors to you. in arriving at your decisions on contact	MEAN SCORE 0 = Not at all important 10 = Very important
The wishes of the child.	**8.46**
The best interests of the child (not necessarily the same as the child's wishes).	**9.62**
Consideration of the child's age and development.	**9.50**

5.3.2 Consideration of different issues regarding the birth parents

Most of the other factors regarding the parents scored highly (Table 19), particularly the reasons for the child's removal from them (8.64), and whether their problems were ongoing (8.61). The quality of their previous relationship with the child (8.39), their reliability in

Table 19: Factors that affected contact decisions – the birth parents

How important were the following factors to you. in arriving at your decisions on contact	MEAN SCORE 0 = Not at all important 10 = Very important
The quality of the birth parents' relationship with the child prior to removal.	8.39
The quality of the birth parents' contact since the child was removed.	8.39
The reliability of the parents in attending contact since the child was removed.	8.22
The reason for the child's removal.	8.64
Consideration of whether the parents' problems are ongoing.	8.61
Analysis of any ongoing risk to the child posed by the parents.	9.35
Consideration of different contact levels for mother and father, for any reason.	6.84
Consideration of different contact levels for mother and father, because of which side of the family the special guardian comes from.	5.04

attending contact (8.22), and the quality of the contact also scored highly (8.39). However, consideration of different levels of contact for mothers and fathers, either because of which side of the family the special guardian comes from (5.04) or for other reasons (6.84), produced significantly lower scores.

5.3.3 Consideration of different issues regarding the special guardian

Factors related to the special guardian produced slightly lower scores than those concerning the parents (Table 20). The most important of these factors for social workers was the perception of the special guardian's ability to manage the birth parents and contact (score: 8.59). This was also one of the most frequently cited factors cited by social workers in the focus groups. The risk posed to the carer by the parents was considered quite highly (8.12). However, the connection between the special guardian and the parents (7.59), and the quality of their relationship (7.68) were given lower scores. This was in contrast to the focus groups, where carers said this was a particularly critical issue. Consideration of whether the carer's home would be used for contact (7.16) and the proximity of the carer's home to the parents (6.20) received some of the lowest scores.

Table 20: Factors that affected contact decisions – the special guardian

How important were the following factors to you. in arriving at your decisions on contact	MEAN SCORE 0 = Not at all important 10 = Very important
The connection between the special guardian and the birth parents (ie. parents, siblings, etc).	7.59
The quality of the relationship between the special guardian and the birth parents.	7.68
The perception of the special guardian's ability to 'manage' the birth parents and contact.	8.59
Any perceived risk to the special guardian posed by the birth parents.	8.12
Whether the special guardian's home will be used as a venue for contact.	7.16
Whether the birth parents live close to the special guardian's home.	6.20

5.3.4 Consideration of other issues

In addition to consideration of the child's wishes about contact (score: 8.46), social workers were also asked about the views of parents, carers and other professionals (Table 21). Respondents said the special guardian's views were the next most important (8.23), followed by the views of the parents (7.25).

As social work involves reflective practice and discussion of cases with other professionals, respondents were also asked about the importance of these. The views of the social worker's manager (7.03) was considered less important than the carer or parents, and the

views of the social worker's colleagues (5.23) was given one of the lowest scores. Consideration of local authority or government policy, or guidelines (7.51), and consideration of research findings (7.25), were considered more important than manager's views.

Table 21: Factors that affected contact decisions – other issues

How important were the following factors to you. in arriving at your decisions on contact	MEAN SCORE 0 = Not at all important 10 = Very important
The effect that contact may have on the stability of the placement.	9.24
The special guardian's views and wishes on contact.	8.23
The birth parents' views and wishes on contact.	7.25
The views and opinions on future contact expressed on this case by your manager.	7.03
The views and opinions on future contact expressed on this case by your colleagues.	5.23
Consideration of local authority or government policy or guidelines.	7.51
Consideration of research findings.	7.25

5.3.5 Additional issues for consideration raised by respondents

Respondents were given the chance to suggest other factors they considered important in reaching their decisions on contact. Many of the suggestions were factors already raised by the questionnaire, which suggests the chosen questions were relevant and comprehensive. Other factors considered, were the maintenance of a positive child/parent relationship (x5), and the quality of contact and the effect it had on the child (x8). Another felt it was important to consider the impact of contact on the child's everyday life. Three social workers highlighted the parents' attitude to the child's care plan and placement, and their willingness to support it. There were a number of other issues mentioned by respondents when they were asked which three factors they considered the most important.

Many of these factors overlapped with each other, making it difficult to compare the occurrence of each one. However, by grouping them together it is possible to see certain themes emerging. The factors considered most important by respondents were mainly concerned with the welfare, safety and wishes of the child, the parents' issues regarding parenting capacity and their relationship with the child, and the special guardian's ability to manage all of this.

Factors concerning safety of the child were mentioned the most (x36). These included consideration of risk from the parents and from other family members, as well as general consideration of the child's safety. 'Best interests of the child', was mentioned regularly (x34), with a further 16 referring more specifically to the quality of contact and consideration of its effect on the child. Another 18 respondents cited consideration of the child's wishes and feelings. The birth parents and their issues were frequently referred to, with 24 respondents citing the child/parent relationship as being one of the most important factors they considered. The parents' contact history, engagement and reliability was cited 24 times, with a further eight references to the reasons the children were removed and the

parents' ongoing issues. Consideration of how contact would affect the stability of the placement was one of the most frequently mentioned factors (x29), with a further four respondents highlighting the need to promote the special guardian as the child's primary carer. Consideration of the special guardian's ability to manage risk and contact was mentioned 17 times.

Other factors which received more than one mention were consideration of the views of the special guardian and the parents (x5 and x4 respectively), the child's age and development (x3), the level of contact (x3), the sustainability of the contact plan (x2), and how close the parents live to the carer (x2).

5.3.6 Summary

Respondents provided a lot of data on the factors that led to their decisions and recommendations on contact. They provided Likert scale ratings for factors provided by the researcher, as well as offering suggestions for other factors they considered important. Most of the factors included in the questionnaire were scored highly, with those directly concerning the child scoring highest. The child's best interests, their age and development, and risk posed by the parents were the factors considered most important by social workers. Consideration of factors involving the parents scored marginally higher than those involving the special guardian. The most important factor regarding the carer was their ability to 'manage' the birth parents and contact. Additional factors suggested by the respondents revolved around the welfare, safety and wishes of the child, the parents' problem issues, and how the carer would manage the contact. Factors involving the child's safety were the most frequently mentioned.

5.4 General views of respondents on special guardianship contact

In the final section of the questionnaire, respondents were asked about their general views on special guardianship. These questions did not relate to the specific case they had chosen to base their previous answers on, but were an attempt to gather information on their broader views on all the cases they have worked on.

5.4.1 How positively do respondents view birth parent contact?

Special guardianship involves contact for the child with their birth parents, where it is in the child's best interests. But this does not necessarily mean that all social workers in this field agree with this policy. Respondents were therefore asked to consider all their special guardianship cases, where they had made a positive recommendation on the applicant, and say in approximately what proportion of them they thought some level of contact between the child and the parents was a positive thing. They were asked to provide an answer separately for the mother and the father. As shown by the mean results in Table 22, social workers felt that contact was a positive thing in more cases for mothers (72.5%) than for fathers (62.8%). There were only four social workers that thought maternal contact was a positive thing in less than 25% of their cases. There were 17 who felt maternal contact was a positive thing in all their cases. There were eight social workers who felt that paternal contact was a positive thing in less than 25% of their cases, and 12 who felt it was a positive thing in all their cases.

Table 22: In how many of your cases is contact with the parents a positive thing?

	WITH MOTHERS - MEAN		WITH FATHERS - MEAN	
	0% = None	100% = All of them	0% = None	100% = All of them
In how many of your cases is some level of contact a positive thing?		72.5%		62.8%

The respondents' views on positive contact for mothers and fathers were compared against a number of independent variables, although none of these comparisons produced a statistically significant result. As with the recommendations on contact frequency, the age of the social worker did not appear to have any affect on the results. Neither did the social workers' years of practice. Social workers were marginally more optimistic about some level of contact for mothers and fathers being a good thing for younger children, but the number of responses did not permit a statistically significant result.

These views of social workers are significantly different to the views expressed by carers in Wade's research. In the earlier study, when special guardians were asked about the effect on children of contact with their parents, 53% thought it was broadly positive with mothers, and 71% thought it was broadly positive with fathers (2014). This suggests that social workers have a more negative view of fathers than special guardians do.

5.4.2 What is the highest level of contact that respondents have recommended?

Respondents were asked what was the highest level of contact frequency they had ever recommended for a mother and for a father. The mean of highest maternal contact (48.6 contacts per year) was slightly higher than the mean of highest paternal contact (46.7 contacts per year) (Table 23). The mode of highest contact recommended was weekly for mothers (52 times a year), and monthly for fathers (12 times a year).

The different figures for social worker positivity towards maternal and paternal contact, and highest frequency levels recommended, do not necessarily imply a more favourable disposition towards maternal contact. They could instead reflect less involvement by fathers in the child's life, and therefore contact, post-SGO. Or it could be a combination of the two factors.

Table 23: What is the highest level of contact you have recommended for a parent?

	FOR MOTHERS - MEAN Contacts per year	FOR FATHERS - MEAN Contacts per year
What is the highest level of contact you have recommended?	48.6	46.7

These responses were also compared against independent variables, although the analysis did not yield statistically significant results. However, the figures indicated that neither the social worker's age or experience, or the child's age at SGO, appeared to influence the highest levels of contact that had been recommended.

5.4.3 What contact would respondents recommend in a hypothetical scenario?

This question was approached from another angle, by asking respondents to consider a hypothetical situation, with a special guardian who is good at managing contact, and birth parents who appear likely to reliably attend contact, and who have good relations with the carer. They were asked to say what level of contact they might be considering for each parent, in this 'ideal' situation. The question was answered by 75 of the social workers, with a mean recommendation of 40.4 contacts per year for mothers and 40 for fathers (Table 24). The mode recommendation for mothers and fathers was weekly (52 per year), with monthly (12 per year) being the second most common answer. Several respondents gave

reasons why they could not answer this question. All felt there was not enough information to enable a response, particularly because the child's age had not been given. Social workers also said they would need to know more about the child's needs and wishes, why the SGO had been granted, the quality of the existing contact and relationship with the parents, any risk from the parents.

Table 24: In a hypothetical situation, with a special guardian who is good at managing contact, and birth parents who appear likely to reliably attend contact, and who have good relations with the special guardian, what frequency of contact might you be considering?

	FOR MOTHERS - MEAN Contacts per year	FOR FATHERS - MEAN Contacts per year
In a hypothetical situation, what frequency of contact might you be considering?	40.4	40

5.4.4 What level of contact have respondents recommended most often?

Respondents were also asked what level of contact they had recommended most often. This question required them to make a subjective judgement on all their previous cases, so it was decided to simplify the task by asking them to answer for all their cases, rather than separately for mothers and fathers. This question was answered by 86 social workers (Table 25). The mean amount of contact recommended most often was 20.3 times per year, and the mode amount was 12 times a year. This average is slightly less than the 26.73 mean for mothers, and 23.48 for fathers, stated by respondents in the individual cases for this questionnaire. The amounts recommended most often varied from twice a week (104 times a year) to every six months (2 times a year). These figures should be considered in conjunction with the earlier answers, which showed two thirds of the respondents had

completed four or less special guardianship assessments in the previous year. Of those, 17 had only completed one. This might explain why some had very high or low figures for what they had recommended most often, as some will have been basing their answer on one case only. I think these figures are likely to be of particular interest to special guardianship social workers, who might not otherwise know what their colleagues in other local authorities are recommending. For this reason, the results are detailed in full in table 25. As can be seen, monthly contact (x29) was the most often made recommendation in a third of the cases. Weekly contact (x15), and contact every 2 months (x11) were the next most common recommendations.

Table 25: What is the level of contact that you have recommended most often?

Contacts per year	Respondents	Valid percent
2	2	2.3
3	1	1.2
4	8	9.3
6	11	12.8
7	3	3.5
9	4	4.7
11	1	1.2
12	29	33.7
14	1	1.2
17	2	2.3
24	2	2.3
26	4	4.7
38	1	1.2
52	15	17.4
104	2	2.3
TOTAL	86	100

Results on the most often recommended contact were also subjected to bivariate analysis but did not produce a statistically significant result. Comparisons did indicate that the most often recommended contact by social workers was higher where the practitioner had more

years' experience, however this result was not statistically significant. Comparison with the age of the child at the SGO did not yield statistically significant results.

5.4.5 What do respondents think are the biggest threats to successful contact?

Social workers were asked about the problems facing contact in the cases they had worked on, and how confident they were in their recommendations. They were asked in what proportion of their cases they anticipated future problems with contact. There was a wide and evenly distributed range amongst the 95 responses, with one social worker feeling that problems were likely in all their cases, and another not envisaging any problems. On average, problems were thought likely in half the cases (mean = 50.3%). In view of this relatively high amount of expected problems, it is perhaps surprising that more of the recommendations did not include directions to address anticipated issues.

Respondents were asked what they thought were the biggest threats to the success of future birth parent contact in all the cases they had worked on. Virtually all the answers involved potential difficulties caused by the parents, with a breakdown in the parent/special guardian relationship being the most commonly cited problem. Many social workers felt the parents were likely to undermine the placement, either because of their unwillingness to accept it, or because of their behaviour at contact, their failure to attend reliably, or their ongoing struggles with personal issues. There were concerns about the special guardian's ability to manage contact in six cases, with one of those wondering whether the carer could prioritise the child over the parents. Another was concerned about contact for one parent, because the child had been placed on the other side of the family. There were several individual concerns, including the effect contact would have on the child's ability to bond with the new carer, and how the carer's lack of acknowledgement of past neglect and abuse could cause problems for the child in contact. There were also a number of practical challenges envisaged, such as issues with the venue, the parents living too close, and the

family not adhering to court orders. One social worker raised the issue of children who want to return to live with their parents when they are older. Another referred to the long-term impact and affect of trauma on the child, and called for life story work to be incorporated into all special guardianship placements.

5.4.6 How confident are respondents in their recommendations?

Social workers were asked how confident they were that they had enough information in order to make good contact recommendations in all their cases. Responses were made on a sliding scale from 0 (not very confident) to 100 (very confident). In total 96 social workers answered, with a mean score of 78%. Of those, 15 said they felt completely confident that they'd had enough information. Social workers were also asked how confident they were that in general their contact recommendations were the best that could have been made under the circumstances. The same scale was used, and respondents gave a mean score of 81%. Only five respondents felt less than 50% confidence in their decisions, whereas 17 felt completely confident.

5.4.7 Do respondents prefer to make specific or more general recommendations?

It was decided to also include questions on the level of detail social workers include in their recommendations, and the strategies they employ when they are finding it difficult to arrive at a final decision. When respondents were asked to state on a sliding scale whether they preferred very specific and detailed contact arrangements (score = 0) or more general guidelines (score = 100), their responses provided a mean score of 53.5. Thus indicating a small preference for more general guidelines in their recommendations. Considering all the 93 responses to this question, there was a wide range of answers. There were 16 social workers who gave a score of 10 or less (therefore favouring detailed arrangements), and

seven social workers who gave a score of 100 (therefore completely favouring more general guidelines).

5.4.8 What strategies do respondents employ when they are struggling with decisions on recommendations?

Social workers were asked what they do if they are struggling to decide on making a contact recommendation. They were given three strategies to rate, and asked to suggest others (Table 26). Respondents rated discussing the case in supervision the highest (88%), followed by revisiting the evidence (65%) and discussing the case with a colleague (52%).

Table 26: If you were struggling to make a recommendation on birth parent contact, what would you do?

What would you do?	
Discuss it in supervision	88%
Revisit the evidence	65%
Discuss it with a colleage	52%
Other strategies	32%

Most of the strategies suggested by respondents, involved further discussion with other people involved in the case. Six social workers said they would discuss the issues with the children's guardian, and 12 said they would liaise with various colleagues, including the child's social worker, their own team, the independent reviewing officer (IRO), the foster

carer and/or their legal team. Five respondents said they would revisit the child's views, five would discuss further with the applicants, and five mentioned consulting other family members, including the parents in one case. Four respondents said they would consider research.

In a related question, respondents were asked how many of their contact recommendations had been discussed in supervision, before the final decisions. The 98 responses indicated that an average of 82% of cases were discussed before deciding on the recommendation, with 38 social workers saying they discussed all of their contact recommendations in supervision.

5.4.9 Further issues raised by respondents

The questionnaire concluded with a section where respondents could add any other views or comments on the issues that had been discussed. Comments were left by 21 of the respondents, and many of these expanded on answers given earlier in the questionnaire. Several social workers commented on the uniqueness of each case, the lack of a 'right or wrong answer' or 'hard and fast rules'. One respondent stressed the importance of matching a contact plan to what the special guardian could realistically manage and what the parents could commit to. Several felt the importance of reliability and responsibility from the parents in the future, was considered crucial. One respondent highlighted the importance of considering sibling contact. Another felt that all carers should be required to have training on attachment and contact management, and said they included this in all their support plans. Another stressed the importance of carers being given enough information to fully understand their new role. Another problem was when changes were made at a later date to the recommendations, in the care plan. One respondent said they preferred general

guidance on contact because the special guardian needed to be able to use their parental responsibility to review the situation and make their own decisions, based on the needs and wishes of the child.

Some social workers commented on the difficulty of making decisions, particularly when the child was a baby. Another remarked on being 'duty bound' to promote contact, even when it was not always a positive thing for the child. A third pointed out the impossibility of gathering enough evidence and doing thorough assessments in 4-6 weeks. This social worker felt that carers often require a period of support, post-SGO, but that local authority management are often reluctant to resource this.

5.4.10 Summary

Questionnaire responses provided data on social workers' views on contact across all their special guardianship cases. Respondents said that some level of contact was a positive thing in more cases for mothers than fathers. However, the reasons for this are not known. These views did not mirror the views of special guardians in earlier research, perhaps suggesting that practitioners have a more negative view of fathers. The highest level of contact recommended by each respondent was only marginally higher for mothers, than for fathers, and the level of contact recommended for each parent in a hypothetically 'ideal' case was the same. There was a wide range of answers when respondents were asked what level of contact they had recommended most often. The average was 20.3 times a year, but monthly contact was the most commonly recommended, in a third of the answers, followed by weekly contact, and then every two months. There was a widely diverging range of opinions on whether to employ very specific or more general recommendations, with an equal number of advocates for each approach. Four out of five said they discussed contact in supervision before reaching their final decisions. Respondents felt that the biggest threat to the success of contact was difficulties caused by the parents, most notably a breakdown

in the parent/carer relationship. But there were only a small number of recommendations which included measures aimed specifically at addressing problems caused by the parents. However, four out of five respondents were confident that their recommendations were the best that could have been made in the circumstances.

The questionnaire gathered a lot of important new quantitative data on what levels of contact social workers were recommending, what they included in their plans, and what factors influenced their decisions. The practitioners also provided data on their general approach, and some of their general views, by scoring various questions such as how positive they felt about contact for mothers and fathers. The four focus groups gave the opportunity to investigate the same issues in much greater depth, and not only by exploring the thinking behind what practitioners were doing, but also by looking at the different perspectives of special guardians.

Chapter Six Results from the focus groups

6.1 How the focus groups worked

6.1.1 Focus group format

The rationale for holding the focus groups was that this additional research method would give me the opportunity to have face-to-face discussions with social workers about their views, opinions and ideas. I would gain a deeper understanding of the issues, which would help me to build on the more quantitative answers provided by the questionnaire. It also afforded the opportunity to involve special guardians, and spend time gaining insights into their views.

The set-up of the groups was therefore designed to facilitate open discussion, by making the respondents feel comfortable and safe to talk freely. I had asked each local authority to arrange for the use of a separate and private room. For the social workers, this was at their place of work, and for the carers it was at their support group venue. I had also asked for six participants from each local authority, as I felt individuals would be more relaxed in fairly small groups and each would have enough opportunity to talk, whilst still giving me a reasonable spread of views. I scheduled the groups for an hour each, which I calculated would allow plenty of time for talking, but not too long to risk losing the interest of the participants. As detailed in the Methods chapter, participants were reminded of their rights and asked to sign the consent forms. The ten-minute introduction involved me explaining again how the groups would work and making some notes on the characteristics of the participants. The two audio recorders were then started, and the 50-minute question and discussion session commenced.

6.1.2 Make-up and representativeness of focus groups

The local authority for the first social worker focus group provided six participants on the day. All were female. The length of time they had been practicing as social workers ranged from 2-13 years, and the approximate number of SGOs they had completed in the 12 months preceding the focus group ranged from 1-8.

The local authority for the second social worker focus group provided three participants: two female and one male. For this group, the length of time they had been practicing as social workers ranged from 3-7 years, and the approximate number of SGOs they had completed in the 12 months preceding the focus group ranged from 3-6.

This meant that in total across the two groups there were eight female social workers interviewed and one male. This gave a female/male split of 89% - 11%, which is similar to the national gender profile of children and family social workers, 85% of whom were reported to be female (DfE, 2017c). The average time that social workers in both groups had been practicing was 6 years, and the average number of SGOs they had completed in the 12 months preceding their focus group was 3.1. The DfE does not produce comparable figures for years of service or number of SGOs completed. Table 27 compares these characteristics, between the focus group social workers and social workers responding to the questionnaire. On average, the latter had more years' professional experience, and had completed more SGOs over the previous 12 months.

Table 27: Focus group social worker characteristics compared with questionnaire respondents

Characteristics	Social Worker Focus Groups 1 and 2	Social Workers responding to questionnaire
Number in groups	9	102 total responses
Female/Male Split	8 / 1	89 /12
Female/Male Split in %	89% / 11%	88% / 12%
Length of time practicing (mean)	6 years	9.47 years
Length of time practicing (range)	2 - 13 years	< 1 - 35 years
Approximate average number of SGOs completed by each SW in previous 12 months	3.1	4.98

The local authority for the first special guardian focus group provided six interviewees: five female and one male. The length of time since their SGOs had been granted ranged from 7 months to 4 years. The current ages of their special guardianship children ranged from 4-12 years old. Two of the special guardians had SGOs for two children, meaning that this group was caring for 8 children. The local authority for the second special guardian focus group provided six interviewees, all of whom were female. The length of time since their SGOs had been granted was almost identical to the first group, ranging from 5 ½ months to 4 years. The current ages of their special guardianship children were broadly similar to the first group, ranging from 5-10 years old. Three of these special guardians had SGOs for two children, meaning that this group of six special guardians was caring for nine children. In total across both groups there were 11 female special guardians interviewed (91%) and one male. This is a similar ratio to the 230 special guardians that Wade studied (2014), where 89% were female (Table 28). Across both focus groups the average length of time since each special guardian had been granted their SGO was 2.75 years, and the average age of their children at the time of the SGO was 4.9 years old. This is slightly younger than the average age of five and a half years old, reported by Wade (p.77, 2014) from his analysis of the 5,936 children granted an SGO between 1/1/06 and 31/3/11.

Table 28: Focus group special guardian characteristics compared with national profile

Characteristics	Special Guardian Focus Groups 1 and 2	Wade (2014)
Number in groups	12	-
Female/Male Split	11 / 1	-
Female/Male Split in %	92% / 8%	89% / 11% * (n=230)
Age of their child at time of the SGO (mean)	4.9 years	5.5 * (n=5,936)
Length of time since SGO (mean)	2.75 years	-

6.2 Codes, frequency and analysis

As detailed in Chapter 4 – Methods (4.3.5), thematic analysis of the focus group data was undertaken by using a self-designed manual coding system. The objective was to use an iterative process of comparing codes and looking for patterns, in order to tease out and interpret deeper levels of meaning in the entire qualitative data set. By considering the frequency and importance of the various codes, the links between them and their co-occurrence, it was possible to identify a number of themes and sub-themes in the data. Through this inductive process a deeper level of meaning began to emerge from the data.

The initial 'subject matter coding' gave me 17 different codes (Table 29). The most frequently occurring code was code 1 (Reasons and Criteria), where social workers commented 73 times on the factors they had taken into consideration when deciding on contact. The second most frequently occurring code was code 8 (Problems affecting contact) which occurred 70 times, followed by code 7 (Consultation) which occurred 66 times. Code 5 (External factors affecting recommendations) occurred 3 times, which was the least.

Table 29: Code occurrence

Code number and title	Description of code meaning	Number of times code occurred	Code co-occurrence, where code applied to dialogue that had another code
1 Reasons and criteria	The factors that were considered by social workers, in order to arrive at their recommendations on contact.	73	5
8 Problems	Problems affecting contact.	70	4
7 Consultation	Special guardians' consultation and discussions with social workers, and their understanding of contact.	66	6
11 Ideas	Specific ideas raised or points made about contact.	60	6
2 Levels of contact	The frequency, amount and duration of contact that was agreed.	45	7
10 General views	General views and thoughts on contact in SGO cases.	31	0
13 SG disagreed	Whether special guardians, parents, social workers and courts were in agreement on final contact decisions.	28	3
6 Thinking process	The thinking behind the social workers' decision-making process.	21	0
3 Specifics	Other details that were included in the contact recommendations.	19	2
15 Variations	Have there been variations in the amount or type of contact, over time?	18	5
17 Court ordered	Whether contact plans were included in the court order, or were only recommendations.	15	3
12 How decided	How were the contact plans decided, and who made the final decision.	14	2
4 Most common	The most commonly used contact recommendations.	7	0
9 Confidence	How confident was the social worker that their recommendations would work.	6	0
14 Were SG's views heard	Did the special guardian feel that their views on contact were listened to?	6	1
16 Views on frequency	General views and opinions about the frequency of contact.	6	1
5 External factors	Outside factors that needed to be considered when deciding on contact recommendations.	3	1

When these original 'subject matter codes' were subjected to 'interpretative coding', and were each given their own theoretical note, it was easier to see how they fitted into different group or 'themes'. In total 39 distinctive groups of theoretical notes emerged (Table 30).

Table 30: Separate groups of theoretical notes (themes)

1	The individuality of each case.
2	Is contact a positive thing?
3	How to social workers view the contact planning process?
4	What is the cognitive approach to making social worker contact decisions?
5	Does the decision making process on contact involve other people?
6	What is included in the contact recommendation?
7	Examples of specific recommendation.
8	Examples of specific levels of contact.
9	Factors taken into consideration by social workers – the child.
10	Factors taken into consideration by social workers – the parents.
11	Factors taken into consideration by social workers – the special guardian.
12	Factors taken into consideration by social workers – the wider family.
13	Factors taken into consideration by social workers – relationships.
14	Factors taken into consideration by social workers – plans for the future.
15	Factors taken into consideration by social workers – research and expert advice.
16	Views on contact frequency – maximums and minimums.
17	Views on contact frequency – benchmark and usual levels.
18	How confident is the social worker that their recommendations will work?
19	Were special guardians given an explanation of contact issues?
20	How well do special guardians understand what contact involves?
21	Were the special guardian's views taken into consideration?
22	Disagreements over the contact plans.
23	Agreements over the contact plans.
24	Consultation includes giving the special guardian a more realistic understanding of contact.
25	What do special guardians think is needed to make contact a success?
26	How were the final decisions on contact reached?
27	Has the contact that was originally agreed, changed over time?
28	Have the changes in contact had a negative effect on the children?
29	Is the contact that was initially agreed, likely to change in the future?
30	Have the special guardian's views on contact changed since they got their SGO?
31	How does contact progress after the SGO has been granted?
32	Other contact problems – the child's behaviour.
33	Other contact problems – parents' behaviour.
34	The responsibilities of the parents.
35	Other contact problems – relationships.
36	Other contact problems – lack of support.
37	Other contact problems – unforeseen use of social media.
38	How does the court process work against good contact planning?
39	How does the social work process affect good contact planning?

As the codes were reconfigured into these themes, various patterns began to emerge. For example, there was an obvious larger grouping of second order codes between themes 19 to 24, as all these concerned how special guardians had been consulted on contact during the decision making process. And co-occurrence of codes and links between different theoretical notes became clearer, such as some of those under theme 14 (plans for the future) with some from theme 29 (is contact likely to change). Other themes developed sub-themes. For example theme 9, on factors concerning the child, led to a sub-theme on the factor of the child's age. And certain themes clearly showed their importance by dint of the large number of theoretical notes within that group, such as theme 33 which concerned the parents' behaviour. Other themes were notable because they generated many more 'GOOD IDEA' icons than other themes. It was clear that many of these related to life after the SGO, such as theme 31 (how does contact progress after the SGO) and theme 34 (the responsibilities of the parents). Grouping of the theoretical notes into themes also made it very easy to compare the views of social workers and special guardians on the same issue. For example in theme 20, regarding how well carers understood what contact involves, it was clear that the practitioners and the special guardians had different views. It was also clear where one group of participants had contributed views and one had not, such as in theme 8, where all the examples of specific levels of contact had been given by the special guardians, when talking about their own cases.

These themes were reviewed further, and the points made in each one were summarized. Some theoretical notes were moved from one theme to another, further links were identified, and the various components were adjusted until the optimum order had been reached. Systematic coding and thematic analysis enabled patterns and themes to emerge from this data, which clarified, categorized, prioritized and contextualized its inherent meaning.

When the focus group transcriptions were originally coded, each separate segment of coded dialogue was allocated its own identifying alphanumeric code, which was added to

the end of the dialogue. This was so that at any point in the future, when the codes were being organized into different groups as part of the analysis, it would still be possible to identify the characteristics of each segment of dialogue, and trace it back to its source. The identifying code had two parts, the first of which identified the social worker or special guardian, and the number I allocated them in their focus group (eg: SW1 or SG4). The second part of the identifying code consisted of a number, a letter, and then two more numbers. The first letter identified the focus group, and the first number was the piece of coding from that group. So code 5A denotes the 5th piece of code, from focus group A (the first social worker group). The third and fourth numbers identify the specific code applied, and the number of time that code has occurred in total across all four groups. So 2-44 denotes code 2 (Levels of contact) has been used, for the 44th time.

6.3 Is contact a positive thing?

The presumption that contact is in itself a positive experience for children, is not supported by everyone (Quinton *et al.,* 1997, 1999; Ryburn, 1999). It is possible that the critical views held by some academics on the whole concept of birth parent contact are shared by special guardians and social workers, so it was decided to investigate this issue first to provide some attitudinal context.

> I think it can be very positive. (SG3) (93D 10-25)
>
> It has the potential to be positive. (SG1) (94D 10-26)

The point was repeatedly made by members of all four focus groups, that each special guardianship case is different.

> I think it's an individual thing ....very individual to the child and the parent.
>
> (SG6) (127C 10-19)

Whereas questionnaire respondents mostly thought contact was a positive thing, the consensus among focus group members was that contact can be a positive experience for children, but it is not necessarily so. Participants thought that a range of shifting factors would determine whether contact would be a positive experience. Participants mentioned several of these factors: a realistic contact plan, the parents' reliability and engagement, contact frequency, the quality of the relationships, the absence of any risk to the child and other individual circumstances of the parents and the child.

6.4 How do social workers view the contact planning process?

When discussing how they went about planning contact, the social workers mentioned the challenges and difficulties they faced, the complexity of cases, the importance of the decisions they were making, the risk of recommending too much contact, and the need to try and anticipate future problems.

> It's just really difficult. Contact is definitely one of the most difficult things, I think, to make decisions on. .... It's such an important thing, but that's with all of the families, contact is definitely up there. It's the biggest decisions you are making for that child. (SW1) (62A 10-02) and 95A 8-06)

Several social workers pointed to the number of different factors they feel they have to take into consideration when planning contact.

> I think it depends on the age of the child. I think it depends on the ability of the carers, and the quality of their relationship with their children. Or whoever it is the parent is. (SW3) (30A 1-11) and (31A 1-12)

The complexity of planning contact was also acknowledged by some of the special guardians.

> I think every case has to be taken individually. It's impossible .... even with the six of us here, there's so many different issues.... (SG2) (97D 10-29)

While they had faith in the recommendations they had made, social workers had less confidence that their plans would always be carried out.

> I would be confident in our recommendation. I'm not always confident that the carer will stick to that. [MURMURS OF AGREEMENT FROM THE REST OF THE GROUP] (SW3) (118A 8-13)

All of the social workers stressed the individuality and complexity of their cases, and the difficulty of making contact recommendations.

6.5 What is the cognitive approach used by social workers in reaching their decisions on contact?

Social workers were asked about their own cognitive decision making processes, whether personal experience is used to inform their analysis, and any strategies they use.

Several practitioners said their recommendations on contact were based on analysis of the facts, but for some there was also a reliance on feelings based on professional experience.

> I think it's analysis. You're looking at all of the information all of the time, and you're just reviewing on a regular basis. (SW5) (108A 6-03)

> I think you can try to apply a level of rationale to things. And you definitely need to be reflective on what the initial risks are, the impact on the child, how things are going to get better for the parents in the long term. But ultimately people are irrational and you can't apply totally rational thinking to it. So you do need to be able to reflect on your experience. (SW2) (98B 6-20)

Several practitioners were keen to emphasize that they viewed analysis and experience less as different approaches, but more as related concepts, necessary parts of the same approach. Competent analysis was based on a practitioner's experience.

> I think you consider all the factors and you try to weigh up the risk and how harmful a level of contact may be. In terms of how you translate that information into a number, I think it comes with experience. (SW2) (60B 6-11)

Another social worker suggested that rational analysis could mainly be used for consideration of the present situation, whereas planning contact for the future requires anticipation based on experience.

> I think it's the same when you look at longer term because, although here and now everything is great, and everything is going well, maybe in one year's time their relationship breaks down. Then you analyse the things how they are now, but you use your experience to think what will happen in 5 years time, or 10 years time. (SW4) (116A 6-09)

Several participants mentioned that observation, reflection, challenging and intuition were also part of their cognitive approach.

> I suppose for me it's based on my observations of the child with the proposed carer. And you do reflect and you reflect, and you say is that good enough? Is that what's best for the child? But I suppose I do have a bit of a gut feeling sometimes about some carers. (SW6) (113A 1-46) and (114A 6-08)

Social workers described a thoughtful and nuanced cognitive approach to planning contact. They generally agreed that they relied on observation and rational analysis grounded in their professional expertise, but augmented by personal feelings and instincts that come out of experience. Decisions and plans were stress tested and challenged by ongoing reflection.

6.6 Social workers' views on contact frequency levels

The questionnaire showed that the principal recommendation on contact made by social workers concerns the frequency with which the child will continue to see their parents. There is no government or local authority policy to advise practitioners on the appropriate frequency levels for contact. As has been seen, professional recommendations are based on evaluation and analysis of individual cases. However, they could also be based on pre-conceived ideas held by professionals on what are appropriate levels of contact. This possibility was explored with social workers. Most did not have a set maximum or minimum level of contact that they would recommend.

> The highest frequency I would use would be monthly. From a child's perspective I may have difficulty going more frequently than that. It absolutely has to be taken on a case-by-case basis. At the other end of the scale .... 4 times a year .... 3 times a year .... at an absolute push. (SW2) (26B 2-23)

Several social workers explained that too high a level of contact could affect the child's ability to settle into their new placement.

> I would probably say more frequently than monthly is probably too much. And I think the reasons for that is .... my rationale would be, well why have we removed the child from the birth parents if they're going to be seeing their family weekly, which I know some children do. I think it's really unsettling for children, even if they do have good relationships with their birth families. I think it gives them very mixed messages about where they belong. (SW3) (67B 2-27) and (68B 10-13)

When social workers were asked what level of contact frequency they recommended most often, most said their 'norm' was between monthly and 3-4 times a year, with a duration of 2-3 hours. This was slightly less than the social worker questionnaire respondents, where the contact recommended most often figures averaged 20.3 times per year. The single most

common level of contact mentioned in the focus groups was monthly, which was the same as questionnaire respondents. However, several gave examples of much higher or lower contact.

One social worker made the point, that her two colleagues fully agreed with, that even in cases of abuse, some contact may be promoted. This might be supervised or indirect, such as a phone call, but could be recommended if it was what the child wanted.

Special guardians' views on what was an appropriate frequency of contact varied, and tended to be based on their own particular cases. But even then, it could be difficult for them to decide,

> My grandson's ideal is that his mummy should live near to the school so he could see her every day. And live with us. That's what he would like. But in reality that wouldn't work. And where do we draw the line, to say they can see them five times a week? (SG2) (98D 16-01)

Focus group social workers did not have fixed views on contact levels but tended to recommend between monthly and 3-4 times a year. They thought that too frequent contact could de-stabilize the placement.

6.7 What is included in contact recommendations?

The Special Guardianship Regulations require the local authority assessment report to include "a recommendation as to what arrangements there should be for contact between the child and his relatives or any person the local authority consider relevant" (DfES, 2005, p.43). The accompanying Special Guardianship Guidance does not make any further reference to contact, beyond restating the requirement for a recommendation.

Practitioners may interpret such simple and general guidance in different ways, with some of them choosing to address different aspects of contact, and some including more detail than others. Social workers can also ask the court to include directions on contact in the SGO, for example if they feel either the special guardian or the parents would otherwise be unlikely to stick to the contact plan. It was therefore decided to include questions about what social workers include in their contact recommendations.

Practitioners from both social worker focus groups said they thought contact recommendations should address any problems or risks, but be as least prescriptive as possible, as long as they contained as much detail as the special guardian or child needs.

> You have to recognise certain risks in certain areas, that you can see may cause difficulty, either in the relationship between the carer and parent that you have to give clearer instructions around. But a short answer is that you try to be as least prescriptive as possible. (SW2) (36B 1-59)

Another social worker said that a more prescriptive contact plan may help certain children who require the security of a more rigid contact schedule.

> And also it really helped the children .... particularly the older one .... really needed that certainty that he would know that at this time, on this day, he would go to this place and see his mum. So then we were quite prescriptive with our recommendations. (SW1) (30B 1-56)

One social worker thought that recommendations should not be too prescriptive because special guardians need to assume responsibility for contact as part of their parenting duties.

> In general you think that they're going to be the parents, so do they need that much actual detail. (SW4) (36A 3-03)

However, the nature of the special guardian's relationship with the parent can determine how prescriptive the recommendations need to be.

> And the special guardian and the parents' relationship had completely broken down, so we did have to be very prescriptive. (SW1) (28B 1-55) and (29B 7-10)

Another felt that special guardians should be given a detailed plan, to make it easier for them to resist pressure from the parents for more frequent contact.

> The timing was written in, and the fact that she [THE MOTHER] wasn't allowed in either property was written in, because it makes it easier to execute that if it's written in the court papers. Because you've got the emotional time where she can 'Oh but mum, mum, mum'. You don't want that. You don't want to be put in that position. (SG4) (65D 11-41)

Several special guardians also mentioned this aspect of contact plans and court directions, whereby they fulfill a useful role in reinforcing the carers' authority over contact. Although contact plans do not have any legal weight, as court orders do, parents may interpret them as carrying authority.

Social workers were also asked about what their recommendations specifically covered. Some of their answers contained a number of similarities, but in other ways were quite diverse. The frequency and duration of contact were the most commonly made recommendations.

> The length of time contact should take place. So be very clear about whether it should be two hours once a fortnight, or six hours once a month. (SW5) (15A 4-01)

Social workers mentioned other aspects they might include in their plans. These covered recommendations on the venue to be used, or whether it should be community based, who

is allowed to supervise the sessions, who can attend, contact for siblings and wider family, and telephone contact. Contingency plans were also included by some, in case of future problems, and other practitioners included a progression plan for the future. Special guardians mentioned directions in their recommendations, such as overnight stays, who should pay for the contact centre, extra contact for Christmas, birthdays and special occasions, specified times and duration for telephone calls, choice of venue, and whether the contact should be supervised. Seven special guardians, from across both focus groups, mentioned that their recommendations included directions on supervision of contact. Another mentioned conditional contact for parents, dependent on some aspect of their behaviour.

> It's in the order that he's not allowed to see [ ] until he's .... been assessed as being safe, And that means he's drugs free. (SG6) (98C 3-17)

Frequency and duration were the principal contact recommendations, and social workers spoke about having enough detail in their contact plans to support the special guardian and their child, but not being too prescriptive. Some felt a detailed plan helped carers resist pressure from parents. Examples were given of recommendations on many other aspects of contact.

Some recommendations made by social workers were much more detailed than others. But there was general agreement among social workers that the amount of detail in contact recommendations should depend on the special guardian's and the child's needs. And as long as any problems or risk were addressed, the plan should not be over complicated. Some special guardians felt their authority over contact was put under pressure by parents, who were trying to get the contact that they wanted. In these cases there would seem to be a justification for a detailed contact plan. This would provide extra support for the special guardian, and make it easier for them to resist emotional pressure from the parents.

Whether the special guardian felt their authority needed this extra support, could be discussed with them as part of their assessment.

6.8 Factors taken into consideration by social workers in arriving at their recommendations on contact.

Social workers were asked about different factors they take into consideration when arriving at their recommendations. Their answers covered a wide range of issues, which I have sub-divided into those primarily concerning the child, the parents, the special guardians, the wider family and planning for the future.

6.8.1 Factors relating to the child

In questionnaire responses, several factors concerning the child received the highest importance rating, and this was reflected in focus group discussions. Nine social workers mentioned a dozen different factors regarding the child, which they considered when planning contact. The most frequently mentioned factor (x4), and one not raised in the questionnaire, was the need for the child to have time and space for an 'other' life. By this they meant that contact with parents is not set at such a high frequency that the child missed out on doing some of the other things that he or she should be enjoying, as part of a normal childhood. For example, spending time with friends, joining after school clubs, or seeing other family members. This was an issue that had not been raised by the questionnaire.

> Taking into consideration the child's day-to-day life, they will need to have time with their special guardian and family, doing appropriate activities with their peers, certainly as they get older. And contact with their parents needs to fit in around that so that they can live a quite normal childhood with their special guardian. I think a very high level of contact will disrupt that. (SW1) (55B 10-12)

Three social workers mentioned the child's relationship with the special guardian. The child's need to bond with the new carer was seen as an important factor in deciding the level of parental contact.

> And then it was reduced down. So now it's 2 monthly contact for that 3 year old. The main reason for that was for him to then see the grandmother as the primary carer, rather than the mother. (SW1) (73A 15-01)

The child's relationship with their parents was also mentioned by three social workers, in particular the need for that relationship to be maintained.

> I think in hindsight what you want is for that child to maintain a really good and strong relationship with that parent if they've had that initially. (SW5) (83A 1-38)

But this will in turn be affected by the amount of contact the parents can manage, and a risk assessment of the child's safety during contact. Consideration of the child's relationship with the parent was influenced by another frequently mentioned factor, namely the child's age. The risk assessment of safety issues will obviously be different for a vulnerable baby than for a teenager who may be allowed unsupervised contact in the parents' home. The age of the child also influenced consideration of their need for an 'other' life.

> So as they start school, they're going to start doing activities, they're going to start wanting to do things with friends. And certainly as they get older, teenage years, they're not wanting to be told 'well actually, you've got to go to contact this weekend'. (SW5) 81A 1-37)

The child's age is clearly an important factor in many of the different considerations. This reflects questionnaire responses, where the age of the child was given a high rating of importance. Although all cases are different, where the child is older they may have stronger

bonds with the parents, and may want more contact. However with a baby, the child/parent bond will not have had as much time to develop.

> I think it really depends on the age of the child. So if you are looking at children who are under 1, they don't necessarily have a particularly .... they have a different nature of the relationship with their parent, so it can be a bit more like an adoption, where you're recommending quite limited face-to-face contact. (SW1) (6B 2-16)

The age of the child also determines how they can express their own views on contact.

> Depending on their age, if they're able to say how often and where they want to see their parents, and it's something that we feel is reasonable and would be in their best interests, then that's certainly really important. (SW1) (39B 1-61)

As the growing child develops more autonomy, they will want more say in deciding what contact they have with their parents. Certainly, as the child becomes older, their understanding of contact, their relationships, decision making and personal needs all develop and change.

6.8.2 Factors relating to the parents

Most of the factors for consideration regarding the birth parents are connected to the reasons why the child was taken into care. The parents' issues with addictions, mental health, violent relationships, abuse or poverty often continue after their child has been removed, and are likely to have an impact on contact. In some cases, the parents might present a risk to the child. Questionnaire respondents reported that in 79% of their cases the child's need code was 'abuse or neglect'.

> I think about the reasons why the child was removed. Looking at the birth mother and father's history, and whether there's any drug and alcohol mis-use. Whether that is something historical or current that needs to be taken into consideration in terms of how they are going to present during contact.
> (SW3) (40B 1-62)

One practitioner mentioned looking at the parents' capacity for change and their ability to address their issues.

> I think additionally what the attitudes and change for the parents are, and what the trajectory is. Going forward in terms of them addressing what the particular issues are. Taking steps forward to make you feel more confident in their ability to appropriately manage contact, and minimise the impact on the child.
> (SW2) (41B 1-63)

One indicator of this is how the parents have managed contact since the children were taken into care, and during the court proceedings. Using past behaviour as an indicator of likely future behaviour was mentioned by several social workers as a way of judging how reliable the parents might be in the future.

> I'm doing an SGO at the moment. He's five …. And [MOTHER] hasn't seen him since 23rd December. So with her own choice she hasn't seen him for the last three months. She would come, and then she wouldn't come. Her life was quite chaotic. So that's why the recommendation would be four times a year contact. (SW1) (7A 2-02) and (8A 1-02)

Several social workers referred to trying to evaluate what level of contact the parents could manage.

> It would depend on the child and what's best for them in terms of levels of contact. What the parents can manage. What the special guardian can manage. And what we don't want is for contact to be set down, and then the child to be disappointed. (SW1) (23B 1-54)

One notable omission among the factors taken into consideration by social workers when considering contact, was any mention of the views of the parents. None of the nine social workers said that the parents' wishes on contact were a factor in their considerations. In the questionnaire, when presented with the option of rating the importance of the parents' views, social workers gave it one of the lower scores. In the focus groups, where it was left to practitioners to raise the issue, none did.

It is interesting to consider this in conjunction with the findings from the questionnaire, where social workers were asked to rate different factors that affected their contact decisions, and gave *'the birth parents' views and wishes on contact'* one of the lower ratings (7.25, where 0 = not at all important, and 10 = very important). By comparison the child's wishes and the special guardian's views were rated at 8.46 and 8.23 respectively. Other factors concerning the parents were also rated more highly, such as *'quality of parents' contact since the child was removed'* (8.39), and *'whether the parents' problems are ongoing'* (8.61).

6.8.3 Factors relating to the special guardians

An important part of assessing the potential special guardian's ability to care for the child is consideration of their ability to manage birth parent contact. In the questionnaire, this was rated as the most important issue concerning special guardians. It was also the most common factor regarding carers raised in the focus groups, with seven social workers mentioning it.

> It is issues around contact are massive .... and whether they're going to be able to manage it, and whether they understand the risks to the children, and whether they'll be able to stick to what's asked. I think contact's a huge problem for most cases. (SW2) (99A 8-07) and (100A 1-44)

One social worker thought that special guardians often don't have a realistic understanding of how challenging contact will be.

> I think carers don't always recognise the levels of issues that they could be dealing with. And they just assume it will be ok. (SW2) (76B 1-70)

Another factor is whether the carer is being completely truthful about what contact will take place and whether they will stick to the plan, or whether they are just saying what they think the social worker wants to hear. Even carers who were honestly behind the original contact plan, can change their mind later. This may be because their perspectives change as they experience the reality of managing contact, or it may be because they are under pressure from the parents to allow more contact.

> We're working a case at the minute where contact's been agreed and grandma was really onboard during the assessment process, but now is kind of saying "well do you think mum can come round on a Sunday, and do you think we can do this and that, so you've got to be realistic with it. (SW2) (48A1-23)

In nine out of ten special guardianship cases, the child's new carer is a relative, and often a very close relative of one of the birth parents (Wade, 2014). When the child moves to live with the special guardian, the dynamics of any pre-existing relationship will be dramatically altered. This adds a level of complexity to the various relationships that is not encountered in other permanency options, such as adoption. As contact becomes the new focal point for the parents' relationship with their child, and is controlled by the special guardian, it is not hard to see that contact can become the battleground for disagreements and discord between the adults. This has the potential to destabilise the placement, and it is why contact is one of the major challenges special guardians say they face (Wade, 2014). Once the SGO has been granted, special guardians may be subject to emotional pressure for extra contact from birth parents who are sons, daughters, brothers or sisters (Wade, 2014). Social workers need to know that carers will be able to resist this pressure, maintain relationships and prioritise the needs of the child when making decisions about contact.

> We are asking them to put the child first, and in a lot of cases that could be in front of their own daughter. And that is really difficult. (SW1) (53A 1-26)

However, this can be exceedingly challenging for social workers to anticipate and plan, as these relationships are fluid and dynamic, and will be dramatically reshaped by the child moving to live with their new carer.

> She [the special guardian] didn't subscribe to the recommendations initially, but she has ended up reducing it. And I think the strain of having to manage contact has had quite a significant impact on their relationship. (SW3) (44B 13-04) and (45B 8-17)

A further complication is that the special guardian may have a close relationship with only one of the parents, but will need to be able to facilitate contact for both parents. Social workers need to consider whether the carers will be able to manage contact with both parents.

> They're quite happy to have their own daughter round the house, and she can come round once a week and we'll supervise contact. But with dad they're saying 'Oh no, we can't have him round here, he'll have to be in a contact centre'. (SW2) (56A 1-28)

6.8.4 Factors relating to the wider family

As part of their assessment the social worker may want to give consideration to contact between the child and their other relatives. But this needs to be set at a realistic level that can be managed by the carer.

> If we're saying actually 'Saturday, contact with mum; following Saturday, contact with dad; following Saturday, contact with an auntie and uncle and then sibling contact, it's a lot of pressure on the placement, and it risks the placement breakdown, because they're saying that 'we can't maintain that'. (SW2) (85A 1-40)

Special guardians and parents are often part of a large family network, where different members are having all sorts of different contact with each other. This can present challenges for the social worker trying in effect to plan contact between one small part of that network.

> I think it's recognising that there will be Christmas, there will be family parties, there will be children and groups getting together around grandparent's birthdays. And so the contact is likely to take place at those times. (SW3) (21B 1-53)

> Other members of the family who haven't done anything wrong, they want to invite the children to weddings and parties and that. And you have to draw the line somewhere. (SG5) (76D 11-48)

An appreciation of the various family dynamics and the closeness of the family would seem to be an essential prerequisite for any workable contact plan. 'Unofficial' contact between the child and parents may not be desirable, but if it is likely to happen, then it has to be acknowledged and factored into the considerations by professionals, as it has the potential to cause problems.

> I'm also aware that within a family it is likely that the child is probably having contact with the parents unofficially. In my experience, that doesn't get fed back to you until there's an issue with it. Then the special guardian will come forward and say ok I've been letting the parents pop round, and that's when difficulties have arisen. (SW2) (71B 10-14)

It is therefore the social worker's task when planning contact to consider the relationships between the child, parent and special guardian. They need to understand how positive they are, their closeness and quality, whether the special guardian can manage the parents, and the wider family dynamics.

6.8.5 Planning for the future

When planning contact and making recommendations, social workers are trying to imagine what will work best for the child and the placement, against a host of constantly shifting environmental factors. The practitioner is faced with the almost impossible task of anticipating the child's development, how the parents will continue to cope with their issues, and the new carer's adherence to the contact arrangements, in order to design a plan that will match the child's future needs.

> I think we're often making recommendations which are going to be in place for 10 .... 15 years, and children will have moved through several developmental stages in that time. And what level of contact is appropriate at one age might not be appropriate later on. (SW1) (100B 11-18)

The challenge of writing a 'fixed' contact plan that addresses the issues in a changing future was acknowledged in different ways by social workers. One said they would try and anticipate some changes, such as parents coping better with their issues.

> Yes, I think you can put in recommendations about changes in contact. So if contact goes well it can become unsupervised, for example. (SW1) (9B 3-05)

Another tried to plan levels of contact that would allow the child enough time for their developing 'other' life.

> I know that when they come to five they've got parties every weekend because they're at school, and as they get older you want them to do football or karate or whatever it is on Saturday mornings. And then you kind of think what's their life going to look like if you have too many [contacts].
> (SW3) (33A 1-13)

Another approach to long term planning is to factor in the special guardians ability to gradually take over the responsibility for planning contact, and matching it to the family's changing needs. As one social worker pointed out, they have after all assessed the special guardian as being able to manage contact.

> I think you want to be as least prescriptive as possible. Firstly you positively assess someone as a special guardian. Part of that assessment is your consideration: can this person safely manage contact going forward, and what are the possible concerns now? But then you also want, for the long term, you want it to become a much more organic arrangement. To move forward without me dictating how a child's contact is going to look four, five, six years down the line. (SW2) (34B 1-58) and (35B 11-08)

As long as the parents' wishes are respected, and assuming all parties are cooperating, this offers a pragmatic solution. The special guardian is best placed to tailor the future contact arrangements to fit the changing needs of the child and the family. They live with the child, and can increasingly involve them in contact decision-making. This approach acknowledges that practitioners cannot plan for the long term with any certainty, and seeks instead to plan contact for the near future only, after which time it will be taken over by the carer.

> So I try to think ok for at least for the next 12 months, 'Is this going to work? Is this going to provide the best structure for the child?' And that has to be my starting point, and beyond that you're putting your faith in them that they're going to be able to make the right decisions. (SW2) (104B 9-06)

It should be remembered that an SGO gives the special guardian parental responsibility, which includes the authority to make decisions on contact. Recommendations are only guidelines, unless incorporated into a court order.

Another practitioner commented that because social worker involvement with the families tends to end once the SGO is granted, there is not much data available on outcomes to feed back into practice knowledge and development.

> Because often we don't have a lot of involvement post-order, we're not necessarily looking at cases five or 10 years down the line, unless they come back because there's a safeguarding issue. So I don't think we have a lot of practice knowledge about what really works. (SW1) (64B 11-10)

6.8.6 Summary

There are a large number of factors concerning the families in special guardianship cases that affect contact planning. Foremost among these are consideration of the child's age, their need for an 'other' life, and their need to bond with the special guardian. Social workers need to assess what contact the parents can manage, and how reliable they are likely to be. Also what the special guardian can manage, and whether they have a realistic understanding of what contact involves. The number of different issues and the difficulty of planning for a changing future, were emphasised by several social workers. This raises questions about the achievability of long term contact plans, and whether the objectives should be set more realistically. One practitioner suggested that social workers' plans should be implicitly limited to the short-term future only, after which time the special guardian would gradually take over responsibility for decision-making and managing contact, to match the needs of the family.

6.9 How does the social work process affect contact planning?

Contact with local authorities during the planning of this study indicated that they are set up in different ways to do special guardianship assessments. Some councils have a dedicated assessment team, where social workers complete the whole special guardianship assessment, contact recommendations and support plan. A specialist assessing social worker will complete all of the work on a case, although they will be in regular contact with the child's social worker. However, in other local authorities the special guardianship assessment is a joint effort between the assessing social worker, who completes the section on the applicants, and the child's social worker, who completes the sections on the child

and the parents. With this approach, the child's social worker is then usually the person who formulates the contact recommendations and the final care plan. Questions were not specifically planned on this issue, but it was raised during discussions in the focus groups. It raises issues about the role of the child's social worker in making contact plans and recommendations when they are not the practitioner assessing the prospective special guardian, and not the practitioner discussing contact with them. One assessing social worker commented on spending time getting the special guardian's views, but then not being sure if these made it into the final contact plan.

> So within our assessments their views are very clearly stated. Hopefully that feeds into the contact plan, but sometimes I don't know until the final hearing. (SW3) (57A 7-05) (59A 11-03)

An opinion was also given that assessing social workers, who have experience of post-SGO support, may have different viewpoints on contact because of their professional experience.

> I think that sometimes we come from different viewpoints in terms of our views on how contact works. Because the child's social worker does the assessment and then it finishes for them.
> (SW3) (42A 11-01)

The focus groups were also asked about which other people are involved in the decision making process on contact. One social worker said her local authority had a panel process for social workers to arrive at shared decisions on contact.

> There is a panel process that you go through. In terms of discussing, we'll meet with Post Permanency to talk about the case. So, what are your views on this, these are the issues, this is what we are thinking in terms of contact, what is your guidance .... experience .... views on that? Which is helpful as it becomes a bit more of a shared decision. (SW2) (65B 6-14)

A social worker from the other group explained an alternative approach, but one also based on discussions with colleagues and shared views.

> You're in constant contact with the social workers, so you're always 'hashing' things out over the phone, and then we have supervision within our team, case supervision, you discuss it there, and one of the things we always talk about is contact. We have peer group supervision. And then we have to present it to a complex case discussion with the Head of Service and the managers.
> (SW3) (110A 6-05)

The issue of contact recommendations being made in some local authorities by the child's social worker, who didn't undertake the assessment of the special guardian, and will have had much less involvement with them, raises questions about the coordination of the contact planning process. This, and the involvement of so many other professionals, seems to lead to the question of whether the whole assessment of the special guardian and contact planning would be better undertaken and coordinated by one specialist social worker.

6.10 How does the court process affect contact planning?

The research only contained a few questions about the involvement of the court, however, during the focus groups this was a recurring theme. Several social workers and special guardians talked about contact being decided at the final court hearing. In some cases this might be because the child's social worker hasn't prepared recommendations, which can result in consultations with the family being left until the final day. Several special guardians mentioned the bargaining that takes place over contact.

> No I don't remember being told anything about contact until we were actually in the Family Court. And I sat outside the Family Court, and they thrashed it out inside the Family Court. [MOTHER] was asking for a lot more contact. Initially every day, and they came out and said how did I feel about that, and I said well 'No way'. You do all the work and it's not happening. (SG5) (6C 12-01)

One special guardian felt that when her case came to court, and decisions were made about contact, the social worker was somewhat sidelined by the solicitors.

> So what she wrote in the report wasn't really as important as the judge and the solicitor and the barrister. But that's what we were talking about. It didn't really come from the social worker much, it was more from what we were doing in the court. The social worker didn't say much, or make her presence .... her feelings known. (SG1) (53C 12-11)

Several social workers felt that contact plans could get derailed by the adversarial nature of the Family Court.

> And sometimes you can go to court with a recommendation …. and then with all the negotiations that go on to get an agreed order, then sometimes contact does become a bargaining tool. Sometimes the lawyers desire to get an agreed order before the judge can mean that things like contact are negotiated on. (SW1) (90B 11-13)

This led one social worker to plan a negotiating position on contact beforehand.

> It does sound horrible to say, because this is about a child's future and the child's welfare, but I know that if I go in and recommend four times, it's likely that I'll be argued down [up] to six times a year. So sometimes you almost have to give yourself a bit of a buffer. And it's a shame that it is used as that. (SW2) (92B 11-15)

If contact arrangements are being used in court as bargaining chips, it is difficult to see how this could result in arrangements that are best suited to the child's needs. This illustrates how contact planning is sometimes being marginalised in court, and may indicate that some judges give less weight to social worker recommendations on contact than others.

> I'm not always confident when we make the recommendation that the court will consider our recommendation at all. (SW3) (119A 8-14)

Several social workers from both focus groups raised the issue of the children's guardian having, what they considered to be, too much influence over judges, regarding decisions on contact.

> SW2 - I find as well that the judges are particularly swayed by the views of the Children's Guardians.
> SW1 - Yes.
> SW2 - And the Children's Guardian, who may have met with the child once or twice during these proceedings, sometimes they are viewed as the experts on the child's life and the child's wellbeing, to the detriment of the children's social worker's role.
> SW3 - Their views are given much more weight. (SW1, SW2, SW3) (94B 5-03)

Another social worker felt that judges are more sympathetic to the parents' wishes than they used to be.

> In my experience of doing court work, judges views about levels of contact have changed over the years. So I think higher levels of contact are being expected as part of agreements now, than they were, maybe six years ago.... And there feels like there's been a shift in focus towards thinking about parents' rights. (SW1) (93B 11-16)

It would seem that for some social workers the court process is an obstacle to good contact planning, which has to be negotiated. Courts have to balance the potentially competing rights and needs of the children and their parents, with interpretation of the Human Rights Act (HRA) (1998), and the views of social workers and children's guardians. Munro & Ward (2008) reported the concerns of social workers who thought they were perceived in court as having a lack of expertise, and that the parents' wishes sometimes took precedence over the child's needs in court. Certainly contact arrangements being left until the final day of court, plans being used as bargaining chips by solicitors, and judges who do not value social workers' contact recommendations would all appear to work against good contact planning for special guardianship children.

6.11 Were the special guardians given an explanation of contact issues?

When I meet special guardianship applicants for the first time, they often do not have an accurate grasp of what the role means, even though they are putting themselves forward. For the focus groups with the special guardians, I decided to follow my professional approach and start by ascertaining what information they had been given about contact, and what their understanding was of how it works.

About half the special guardians, evenly mixed across both focus groups, said they had been given an explanation about contact by a social worker, prior to their SGO being granted.

> The last social worker we had was very good, and we did discuss where the contact should take place, how long it should be for, whether it should be supported by an outside agency or whether I could supervise the visits. We went into quite a lot of detail and had quite a lot of discussion around safety and things. (SG3) (24D 7-52)

Many of the other half were adamant that they had not had contact explained to them by a social worker. Or only had brief or hurried discussions.

> I don't remember the lady that did my assessment ever saying anything about contact.
> (SG5) (14C 7-15)

Several special guardians knew that the assessing social worker's report contained a recommendation on contact, but others were unaware.

> INTERVIEWER: Did the social worker who was assessing you, explain to you that the report that they write would include a recommendation to court on what contact would be?
> SG3 - No. I don't remember that being said.
> SG1 - Yes, I knew about it because I had a copy of the report that says .... you could see, you could read it yourself, so I did know it was a recommendation.
> SG2 - I've got a copy of that, but I don't know the contact recommendations.
> (SG1, SG2, SG3) (27C 7-20) and (28C 7-21) and (29C 7-22)

One special guardian, whose assessment was done jointly by the child's social worker and an assessing social worker, had a different view of the two practitioners. The problem with the child's social worker was due to several changes in the person holding that role, and this was the person responsible for discussing contact with the special guardian.

> Because we had, probably, three changes of social worker during the process. So no, nothing was particularly clear. I'd say the social worker that was assigned to us to actually put our SGO forward was very very good. But the social workers that spoke to us regarding the actual child and contact with mother were changed several times. (SG1) (2D 11-33) and (3D 7-42)

The varied explanations given to special guardians about contact may indicate another of the drawbacks of doing joint assessments with the child's social worker, particularly where there is a high turnover of these workers. In some cases where joint assessments are used, it would appear that special guardians may not be getting an adequate explanation of contact, before they received their SGO. This raises questions about how the work is coordinated between different teams, and whether carers would be better informed if the whole assessment and contact process was handled by one specialist special guardianship social worker.

6.12 How well do special guardians understand what contact involves?

Most special guardians in the focus groups, even those who did not have contact properly explained to them by their social worker, seemed to have eventually developed a working knowledge of it. Most carers knew that if the contact was not specified in a court order, then they had the authority to vary it. One social worker felt that even when special guardians have the contact plans discussed with them, they do not fully appreciate the reality of how challenging it will be, and they can be overly optimistic.

> I think that is one of the issues .... they have no clue on a daily basis how this is going to work. They didn't have a realistic view of what it was going to be like for them. (SW3) (91A 7-08) and (92A 7-09)

Social workers spoke about the need to give them a better understanding of what they may face.

> I find that going into assessments, in my experience, special guardians say 'There will never be any issues with me and the parents. They respect why I'm doing this. I'm taking on their child'. So I find I have to do a lot of work with them, because the carer won't always know what issues the parent will bring. (SW2) (46B 7-11) and (47B 8-18)

One special guardian agreed that at the time she had not realised contact was such a significant issue.

> Because you don't understand really what's going on in the beginning, you don't realise how important contact is. It's only as it goes on that you realise this is the main part in the children's lives. Initially you don't take that on board. (SG6) (21D 11-34)

Several social workers mentioned that they feel the special guardians often do not appreciate how their relationship with the parent will change once the child is placed with them. And the strain that managing contact will have on the relationship.

> They'll know certain sides of the parent, but it's helping them and working with them to understand that the dynamic dramatically changes when you are then caring for the child. (SW2) (46B 7-11)

> And I think the strain of having to manage contact has had quite a significant impact on their relationship. (SW3) (45B 8-17)

Another social worker felt that this was an area where training could be of benefit to prospective special guardians. Training for carers can be included in recommendations, although the questionnaire responses indicated that this is seldom done.

Several special guardians described how the stress and pressure of the court case, and their focus on getting the SGO and permanent care of their child, meant they had little time to think of anything else, such as contact plans.

> SG2 - But when you are actually in court, you just want that paperwork to protect you and to protect that child. And at the time you don't think about some of the content. If I'd have known then what I know now, and had the advice that I've been given since, I would have changed a hell of a lot. I think you're so emotional, and it's such a big thing to go through, that you don't think about all those things do you.
> SG4 - Along those lines, I know in my case I was so busy fighting to get my grandchildren out of foster care, I would have agreed to anything just to get that SGO.
> (SG2) (66D 11-42) and (67D 13-27) (72D 11-44) and (SG4) (73D 11-45)

It is easy to appreciate that when relatives are navigating their way through the court process, desperate to get care of their child and knowing the alternative may be adoption, they are unlikely to give much consideration to contact. But when the SGO has been granted, and the special guardian has secured care of their child, and the reality of dealing

with contact begins to dawn on them, social workers have closed the case and withdrawn from involvement with the family.

> No, but then at that point you're not aware of just what the implications of contact are. With Social Services, the contact is agreed .... you come to some sort of agreement, and it goes through. But the reality of actually dealing with it is then down to us. But of course then they're not involved.
> (SG4) (26D 7-53) and (27D 11-37)

This can result in special guardians feeling that they have no social worker support to help with contact problems, just at the time they need it most. This issue will be explored further in section 6.12.

The two councils who provided social workers for the focus groups both have dedicated social work staff providing support for special guardians. One of them commented on the regularity of the contact problems they deal with.

> INTERVIEWER: Is it something that you anticipate? Can you see in certain cases that we may have problems here?
> SW3 - Anticipated, but maybe not to the extent that I'm seeing now that I'm working directly with special guardians. It's a recurring theme that contact is very problematic for a lot of special guardians.
> (SW3) (73B 8-20)

It is clear that the majority of the 12 special guardians in the two focus groups did not have an adequate understanding of contact plans or their authority over contact decisions, at the time their SGOs were made. And many admitted they did not have a realistic grasp of how challenging contact would be. Social workers felt this was sometimes due to carers having an overly optimistic opinion of the parents' likely engagement. The main reasons given for this poor understanding were a lack of explanations given by the children's social workers, and the special guardians' primary focus on getting their SGO and care of their child. If

special guardians don't have a proper understanding of how contact works and the issues it will present for them, at the time their SGO is granted, then they cannot be adequately prepared for the challenges that contact involves. They are also not in a position to meaningfully contribute to contact planning.

6.13 Were special guardians' views taken into consideration?

Special guardians were asked whether they felt they had enough opportunity to put their views on contact across, and whether these were then taken into account. Nine out of the twelve special guardians mentioned that they'd had discussions with a social worker, and they had both been in agreement on what contact should be. Another disagreed with the social worker, and a compromise was reached. Six special guardians mentioned that their views had been accurately reflected in the assessment report, and three of them said that the initial contact recommendations had been changed to take account of their views. One special guardian from each group said they had expressed their wish for contact to be supervised, and this was included in the contact recommendations and court order. Several other special guardians indicated that they felt they had not been properly consulted about contact. One said she had not been consulted prior to her SGO, and she was quite angry that the social worker did not appreciate her concerns about the mother.

> And try as I might, in the two years that I was involved before the SGO, I couldn't make the social worker understand that the children were not her priority. (SG5) (142C 8-56)

Another special guardian only had a brief conversation with a social worker.

> We were asked how we felt about it. Although the times, the frequency, were not discussed .... we were asked how we felt about contact. (SG2) (35D 7-60)

Two other special guardians felt their views were not included in the social worker's assessment report.

> SG3 - I got a copy of the report, but I don't think there was anything about [my] contact in the report.
> SG5 - No, I don't remember [my] contact being in the report.
> (SG3) (59C 14-02) and (SG5) (60C 14-03)

The three special guardians, who said they had not been properly consulted, felt that the eventual contact arrangements were imposed on them.

> I was told that this is going to be the recommendation to the court, and that's it. I never had any discussions about it. (SG3) (33C 7-24)

One explained that she was left feeling that she had no option but to agree with the plan that had been decided.

> No, I felt I was just being told. That it wasn't .... that I just had to go along with it, because that's what you've got to do. It's due process. (SG5) (32C 7-23)

Another felt at the time that she was expected to go along with what the social worker wanted, but now felt that she should have challenged it.

> I didn't know what I was doing either. I was just listening to the social worker. The way she tells you you're the one that's supervising and they're what they're going to recommend, you think that's what .... Maybe if I did it again, I'd challenge it. You just have to go along with it because you don't know any different at the time. (SG3) (56C 7-34) and (61C 7-37)

Most, but not all, special guardians had some discussions with their social worker about contact, and about half said their views had been taken into consideration. Others felt they had not been properly consulted, and had no input into the final contact plan.

6.14 Special guardians' views on the contact recommendations in their cases.

All of the participants were questioned about disagreements over the contact plans, and special guardians were asked how they thought the recommendations could have been better. Social workers from both groups only mentioned disagreements with special guardians that related to contact frequencies, which in several examples they linked to the carer not having a realistic understanding of the parents.

> I'm just thinking of one family I worked with where I made recommendations for quite limited contact, which the special guardian thought, at the time, was quite harsh. And two years on, and the relationship between her and the birth mother has completely broken down. So she has actually had to reduce the level of contact. (SW3) (43B 15-04)

Special guardians also mentioned contact frequency, but their examples of disagreements covered a much broader range. But virtually all of these were related in some way to problems with the birth parents. One special guardian felt that the contact plans were weighted too much towards the mother, and did not give enough consideration to how it would affect the child.

> I think they just put something in there .... It was almost under the guise of 'Well, I know she's been doing really awfully, but they're going to want something. So let's give her that. That will look quite good. Maybe not really looking at how that was going to really be for [CHILD]. (SG1) (107C 13-17)

Several special guardians made suggestions about what they would like to have seen in their contact plans. One said that more consideration should have been given to the parent's mental health. Another said that the plan should have included a requirement for the parents to be free of drugs before they could see their children.

> I wish, like you, that it had been put in that it was drugs free, or whatever .... then they can't see them until .... because they're still not drugs free, but they are getting to see them. (SG2) (102C 13-12)

Despite these comments, the majority of carers in the two focus groups were in agreement with their social worker's recommendations. Eight out of the 12 special guardians agreed either in part, or completely, with their contact plans.

> I would say yes. Because of his father's erratic behaviour and because of his record, I agreed with what they suggested. We were on the same page. (SG6) (103C 13-13)

Notably the two special guardians who disagreed most strongly with their contact plans, were also the two who said they had not had discussions about contact with their social worker. This underlines the importance of special guardians being fully consulted about contact during the assessment process.

There was general agreement between special guardians from both groups that the challenge of managing contact only properly became apparent to them after the SGO had been granted and contact with the parents started. So the point when special guardians are perhaps realising that contact is going to be more difficult than they had anticipated, is also the point when social workers are closing the case. The implication is that special guardians would welcome post-SGO involvement and support from social workers at this time.

> Just regarding contact, I did feel that as far as Social Services are concerned, when the SGO is granted there job is finished. But for us contact is only just starting. (SG1) (25D 11-36)

> But there's no-one now who I can contact to say 'well we still haven't had contact for five or six weeks'. There's no-one there to help you. It's just a letter to say we've closed the case and that's it.
> (SG2) (23D 8-60)

These comments would also seem to reflect the patchy provision of special guardianship support by local authorities. Several social workers agreed that their involvement usually ends soon after the SGO is granted.

> Unless there's a Family Assistance Order or a Supervision Order, nobody's there to monitor that all the time. So it is pretty much 'You've got your SGO, off you go'. (SW3) (77A 11-05)

This is also the time when special guardians may begin to realise that the original arrangements need to be adapted to make contact work better.

> I think in the beginning though, because you're not aware of how important it is, you rely on the social worker with their expertise and their experience to guide you through this. And when you actually realise what's going on, that's the time to think 'Well hang on, no this isn't actually working. Perhaps we could get this changed so that you can plan it a bit better, to accommodate your needs and the parents' needs. (SG6) (79D 11-51)

This approach was endorsed by one of the social workers who hoped special guardians had the flexibility to adapt the contact arrangements to better suit their needs.

> I think in making recommendations I'm always aware that they are just recommendations. And once the order is made the special guardians have the right to change them. And I would hope that that special guardian would be flexible in taking into consideration the child's different development stages and what's going on in their life. And they wouldn't just be rigid in following our recommendations throughout the child's life. (SW3) (102B 11-19)

Considering that special guardians have usually not had any practical experience of what contact really involves, prior to the SGO being granted, perhaps this steep learning curve is inevitable. Two special guardians felt the answer to this problem was to have a post-SGO review of contact once it had got underway.

> I think there should be a follow up regarding contact, six months to 12 months afterwards, so that you can actually make sure the right arrangements have been made. Because it is those kids that are the important things. (SG4) (73D 11-45) and (74D 11-46)

One of them felt that a review of contact would also give an opportunity to address any changes in circumstances that had occurred since the SGO.

> I think ours was really right at the time. However I think it would be a really good thing to have that option to open up a review at any point in the future, if you felt there was a need for a change. Because, as I say, it worked really well for the first year and a half, and then mum's mental health deteriorated again. So now I feel it might be better if we could go back now and change it for longer distance between each visit. (SG3) (80D 11-52)

Despite their lack of understanding at the time the SGO was made, most special guardians agreed with their contact plans. However, with hindsight, several made suggestions for more recommendations regarding the parents. All special guardians agreed that it was only after contact had started, that they began to understand the reality of what it involved. Special guardians said they would have liked the option to be able to review and change the contact plan once they appreciated the issues. Several lamented the withdrawal of social worker involvement once the SGO had been made, and suggested it would be helpful to have professional support through this initial stage of contact implementation.

6.15 What do special guardians think makes contact a success?

As special guardians are the people who have to manage contact, and deal with any consequences it has for the children, they are in effect the experts on contact. The opportunity was therefore taken to ask for their views on what makes contact work well. Special guardians from both groups felt that the quality and regularity of contact was an important determinant in its success.

> I think the regularity is really, really important. Whatever that period of regularity is, is the fact that it is regular and everybody is happy and getting something from it. (SG1) (105D 11-57)

> But I think it's important that it's stable, they know when they're seeing their parents. My kids tell me 'Oh it's mum's week to see them', and I might have thought 'Oh yes, suddenly, yes it is'.
> (SG6) (107D 10-31)

Another carer gave more importance to the regularity of contact, than to the frequency.

> Children are far more accepting if they know that is going to happen. The fact that it might be two or three months time, they're far easier to accept that if they know it is more or less cast in stone that it will happen. I they can see that the people around them will actually facilitate it and make it happen.
> (SG1) (106D 10-30)

The question of whether regularity or frequency is more important, was put to them directly.

> INTERVIEWER: Do you think the stability and the regularity is more important than the frequency they are actually having?
> SG2 - Yes.
> SG6 - Yes.
> SG1 - Yes.
> SG4 - And the quality. The quality is far more important than the quantity.
> (SG1, SG2, SG4, SG6) (108D 11-58) and (109D 11-59)

However, generally social workers seemed more focused on frequency, in their recommendations on contact.

> I think overall there should be some level of contact. I think mostly it's positive, but it really depends on the frequency. (SW3) (49B 10-07)

> The frequency then is the real debate. (SW2) (2B 2-15)

The focus groups raised an interesting difference in emphasis between the principal recommendation made on contact by social workers, and what special guardians consider is the most important factor in determining the success of contact. Perhaps the contact planning process, which requires recommendations on future contact, leads social workers to focus on frequency. Whereas the special guardians focus on the stability and regularity of contact, because they see at first hand how upsetting it is for children when the parents cause problems at contact, or are unreliable and fail to attend. This raises the question of how the emphasis can be shifted from frequency to quality and regularity.

6.16 Has the contact that was agreed changed over time?

Talking to special guardians offered the opportunity to gain some perspective on outcomes, and how their contact plans had worked. All the participants were asked how contact had changed from what had initially been planned. There were a couple of cases where contact had continued as originally planned. However, most carers gave examples of how contact had reduced since their SGO had been granted. In one group, they laughed at the idea of how much their contact had changed.

> INTERVIEWER: Since you've had the SGO, how much has your contact varied from what was agreed?
>
> [LAUGHTER FROM SEVERAL MEMBERS OF THE GROUP]
>
> SG5 - Tear up the agreement because it didn't ....
>
> SG1 - Mine said up to four hours, so we both .... we'll try and keep it going for four hours. That was absolutely a disaster .... when she does turn up. She's probably done about .... overall .... I'd say 40%. That's probably generous. (SG5, SG1) (116C 15-07) and (117C 10-18) and (118C 15-08)

The vast majority of changes in contact reported by special guardians, were where it had decreased, and by far the biggest reason given for this was the mother's behaviour and unreliability.

> There's been a deterioration in the .... definitely, in the amount of contact she has come to. It's a lot lot less now than it was originally. And because she's deteriorated. And she's a junkie. And that's worse. Plus she's lost her home now as well. So her lifestyle's more unpredictable. So that [contact] has got less. (SG4) (86D 15-17)

In some cases, the parent may have been unable to attend contact.

> Yes, it's changed. It's less. Mum going to various mental institutions, becoming ill, and not turning up for various reasons. (SG3) (83D 15-14)

And in several other cases, no explanation was given for the parents' unreliability.

> We agreed three time a year, but that was at the court. It wasn't agreed beforehand. And yes, it's a lot less, because she doesn't turn up. (SG1) (84D 15-15)

Of the 12 special guardians in the two focus groups, eight had now reduced contact between the mother and their child, mostly as a result of the parent's unreliability in attending. One special guardian had reduced the father's contact because of his unreliability. Some special guardians had made efforts to salvage some contact between the child and their parents.

> We kept trying everything. She didn't come on birthdays .... she let him down. So my feelings were, I didn't really mind what it is as long as she does it. So then we need to be realistic about what is she going to manage, or not. (SG1) (36C 13-08)

When asked what they thought was the biggest problem they faced in making contact a positive experience for their children, all of the responses related to problems with the parents' behaviour or reliability.

> SG1 - What's she [MOTHER] going to be like when she turns up. She could be horrible.
>
> SG5 - Is she going to turn up.
>
> SG1 - Yes, is she going to turn up. And just how her behaviour is going to be. But I tend to be very clear with her. If it carries on she won't see him.
>
> (SG1, SG5) (136C 8-51) and (137C 8-52)

Other reasons given for a reduction in the parental contact were a breakdown in the special guardian/parent relationship, the parent living a long distance away, and the parents not being able to afford to pay for a contact centre.

This would seem to be an area where further research to shed light on the reasons why parents don't keep to the contact that has been arranged, might assist professionals in drafting more realistic contact plans.

Special guardians were also asked if they thought their contact arrangements were likely to change in the future. Several mentioned that as the children grow older, they develop an 'other' life of their own friends, school, activities and interests that fill up their time, thus often making contact with their parents less of a priority for them. As the children become older they will also want a bigger say in the decision-making.

> The boys have got their own lives now where they're wanting to do other things. And although they still see their parents, and they like to see them, sometimes I think they find it a bit of a bind when it's mum or dad's visit. It's them that I think will want to change it in the future. They're coming up for 10 and eight. Their parents are part of their lives, but they're not the main part. (SG6) (87D 11-55)

All three social workers from one group agreed that sometimes contact arrangements were likely to change because the carers would not stick to the initial plan. However, other special guardians said they would not change the contact plan, for fear of the case being returned to court.

> Because if we don't comply with our SGO, if we don't do all the things we are expected to do for that child, then who can come along and say to us 'You're not doing this right, I'm going to take you back to court'. Mum can take us back to court. (SG2) (82D 11-54)

Many social workers gave examples of original contact frequencies reducing over time. Two thirds of the special guardians had reduced their child's contact, usually because of problems with the reliability of the parents. Contact also changed as the child grew older.

6.17 The parents

As can be seen, the parents' engagement with contact will not only affect the success of contact, but could have a significant effect on the whole placement. One special guardian made a simple but powerful point, that the parents' issues that led to the child being removed are the same issues that are likely to cause problems with contact. And just because the child has been placed, doesn't mean that those issues are going to go away.

> The things that may mean contact doesn't go as well as everybody hopes is the same reasons that they're actually with you and not with their parents. The same issues that those parents have had are still there, and impact on contact in the same way. (SG1) (114D 8-69)

One special guardian explained how the mother's ongoing drug use affected her behaviour in contact. Another pointed out that the parents' chaotic lives spilled over to affect contact.

> If the birth parents' lives are chaotic. Whether that is from drug and alcohol difficulties, or mental health issues, being homeless .... those kind of things .... they have a huge impact on the stability of contact. (SW3) (81B 8-26)

Even when the parents do attend, their behaviour can be a problem.

> So the most difficult thing is trying to manage her emotions while she's there. So I choose activities that are really orientated somewhat around her. So she's quite artistic, so she likes to go to do pots of art, so for the hour she doesn't really talk to [CHILD]. She pretty much ignores him. So for the hour she'll be busy painting. She's happy, we're all happy. So she's very much the focus of what we decide to do. (SG1) (137C 8-52)

This is an example of how the parent's behaviour at contact, and the need for the special guardian to manage it, can change the nature of the contact, when it should be focused on the child's needs. It is also an example of a problem that might have been difficult to anticipate before contact actually began. Parents' difficult behaviour is often unpredictable, meaning that the special guardian does not always know in advance what they will have to deal with.

In some cases, this may involve risk to the child.

> With my case the birth mum was really volatile. She could switch whenever .... you couldn't say when it's going to happen. And the SGO carer did remove the child and ask the mum to leave the house on a number of occasions because she thought the child was in danger. And she couldn't manage her daughter's behaviours without putting the baby at risk. (SW6) (55A 8-03)

And can sometimes involve violence towards the special guardian.

> And at one point she decided to slug me one, in one of the contacts. (SG1) (119C 8-42)

And also threats to the carer.

> He threatened me as well. So he was stopped from making phonecalls at all. (SG6) (125C 8-46)

One of the most common themes among contact problems with parents, mentioned by five of the special guardians across both groups, concerned the problem of inappropriate comments by the parents to the children.

> SG5 - And then you're forced to sit there and listen to all this rubbish that's said to them.
> SG2 - All the promises.
> SG5 - Yes, yes, exactly. We've been promised everything from a horse .... she actually took them to choose a puppy .... when they come back to live with me .... a pony .... going to Canada for holidays. We've had all this rubbish, and you've got to sit there and listen to it. And .... afterwards you've got to tell them that it's not going to happen. Dealing with that disappointment.
> (SG5) (113C 8-40) and (114C 8-41)

Social media can also be exploited by parents to try and get around contact plans. One social worker felt this was an issue that practitioners needed to be more aware of.

> And I think we're a bit behind, on the back foot in terms of social media. So we can make recommendations about contact, and then a child and a parent can be having incredibly high levels of indirect contact through social media that we haven't even considered in our contact plan. So I think we need to get smart about that. (SW1) (105B 8-27)

Inappropriate behaviour by parents who are struggling with personal issues has the potential to cause a wide range of problems over contact, that can have a destabilising effect on the placement. Social workers have acknowledged this, in signalling their consideration of the special guardian's ability to manage contact, as an important part of their assessments. Although social workers mentioned that parents could be unreliable in attending contact, they did not mention any duty they felt the parents had to positively participate in contact, or make it a positive experience for the children.

However, this issue was raised by a special guardian who said she felt the responsibility to make contact work was all on the carer, and there was no responsibility on the parents.

> And at the moment the onus is on us to make the contact happen, but there doesn't seem to be a reciprocal responsibility on the part of the parent to actually attend, and keep their part of it. (SG1) (78D 11-50)

A special guardian from the other focus group made a similar point, saying her contact agreement mentioned increased contact for the parent if they behave appropriately, but made no mention of reduced contact if the parent "behaved badly".

> And I can look towards increasing that, if my daughter does certain things .... behaves in certain ways .... maybe she would get more. An interesting point is that it adds in for the 'more', but it doesn't say, conversely, if she behaves awfully you can [LAUGHS] .... which is the case sometimes as we have to stop it because of certain behaviours. It doesn't actually word that in there. (SG1) (68C 11-21)

This carer made the argument for contact plans to spell out in detail what the consequences would be for the parent if they did not behave appropriately.

> INTERVIEWER: So would you have liked it to have contained the flip side? If there was a problem, it made it clear to you that it could have been reduced?
> SG1 - I think it should do .... be really clear, yes .... and for her to see that in black and white. Because that wasn't explained to her. Because I get all the backlash now .... 'It says, it says, it says'. It would be much easier if I said 'And it says, if you don't behave I won't do it'. It doesn't say that, and there's no reason why not. It sort of implies it by the fact that if I can up it, obviously I can down it. But it would be a lot easier for both parties I think if it was .... not made into an order .... but just the words were on there as well, for her to see clearly. (SG1) (71C 11-24)

The critical issue of parents undermining contact by their behaviour was addressed head-on by several special guardians who felt that all the responsibility to make contact work was on them. They agreed that the contact plans should include not only the parents' rights to contact, but also their responsibilities too. And they suggested that the plans should detail

the consequences of inappropriate behaviour by the parents. Responses from the questionnaire indicated that the issue of consequences for parents is not addressed directly in contact recommendations.

6.18 How have changes in contact affected the children?

Throughout the focus groups many of the special guardians referred to how problems with contact had impacted on the children By far the biggest issues were the parents' inappropriate behaviour at contact and their unreliability in attending.

> Two things parents not turning up and being mentally unstable. At that particular time, drunk, drugs, whatever it might be. Or not turning up at all. And they're saying they're going to be there. It's very detrimental, you get a very bad tempered child, a very upset child. (SG3) (110D 8-65)

How the parents present at contact can also affect the child.

> It can sometimes worry the child when they see their parent, depending on the state of the parent. (SG4) (96D 10-28)

Another special guardian mentioned that scheduled phonecalls that didn't happen was another area where the parents could let the child down.

> I know that if [child] had those two calls a week and [contact] once a month, he'd be perfectly happy. So there is a positive. But unfortunately as we all know it doesn't work out like that. (SG2) (95D 10-27)

The importance of contact can be seen in the effect it has on the child. One special guardian explained the dramatic impact contact can have.

> But .... she's not really happy with this, and she's actually still very angry with her mother, and that's causing us a lot of problems at the moment. She sees her from the start of the month. And then she rants and raves. It really upsets her. It takes a whole month for her to settle down, and then she wants to go and see her mother again. So .... it's very difficult. (SG4) (122C 8-44)

Various special guardians echoed this point, saying that by the time their children had settled down after contact, it was time for the next one.

> My children were once every three weeks. And by the time they'd settled down from seeing their mum, it was time for their next contact. (SG4) (102D 16-04)

Another thought that because of the damaging effect of contact on her child, he would have been better having no contact with his mother.

> Because she's so unstable, and she's proven that .... she's caused more harm to him. Because she's always been unreliable. And what he's going through now, starting trauma groups because of it, if we'd thought about it .... And not knowing when he's seeing her, when she's going to phone. So I would have changed it so that he never saw her. (SG2) (68D 8-63)

Many of the social workers gave examples of the difficulties caused by unreliable parents who come in and out of the child's life.

> But I'm suspecting that after an SGO is agreed hopefully with uncle, she [MOTHER] will probably then come back on the scene, then she'll probably disappear again. So is that beneficial for this 5 year old. Actually now it's been 3 months, he's asking less. And he's more settled, he's not making the anxious noises that he was making. He was making guttural noises and things. He's not doing that anymore. But then when she then comes back and he sees her, that behaviour probably will return, and it will then unsettle him again. (SW1) (63A 8-04) and (64A 10-03)

One special guardian spoke about her efforts to minimise the effect on the child of the parents' unreliability.

> [Child] has had no idea .... since he was born .... he has no idea whether he's going to see his mum or not. I wait until I actually see her walking to the place, that we're going to .... so I can be sure that she's going to turn up. (SG1) (120C 8-43)

Another explained her exasperation at the parent's unreliability.

> She can't prioritise her children. We'd agreed as a family that they would go on Christmas Day with their mother. Two days before Christmas she cancelled. You don't do that to children.
> (SG5) (142C 8-56)

And several of the special guardians talked about the difficulty of explaining contact to young children, who don't understand why they can't see more of their parents.

> SG6 - He doesn't understand. 'Why can't daddy come home and you and mummy keep me safe, with daddy living here?' And on his birthday the other week, he just sobbed because all he wanted for his birthday was his daddy. And he's got a really good memory, and he can remember lots of things, even though it's 3 years in [DATE]. He wants to see his daddy and he can't. And that's hard.
> (SG6) (133C 11-30)

In Wade's research (2014) the other major challenge that special guardians said they encountered, in addition to managing contact, was their child's difficult behaviour. This is understandable, given the unsettled, neglectful or abusive start these children have had in life, and 69% of the children in Wade's study had been given a need code of 'abuse or neglect'. If there are problems for the child with contact, it's inevitably the special guardians who have to deal with the consequences. And this can have an impact on the child's ability to settle into their new placement with the special guardian.

> I've seen cases where the child has seen the parent on several occasions, and they find it very very hard to settle down in their 'now' home. And very resentful of their grandparents for them having to stay there, and not being allowed to stay at mummy's. (SG4) (100D 8-64)

The focus groups gave special guardians the chance to present compelling examples of how contact problems can affect children. Parents who are unreliable in attending contact, or behave inappropriately when they do, are a major problem for some special guardians. They create problems in the management of contact, and there may be an emotional impact on the carer where they are a close relative of the parent. The carers have to deal with the unsettling effect this has on the child, which in turn can have a destabilizing effect on the placement, and undermine the child's ability to settle into their new home.

6.19 Summary

The focus groups provided qualitative data on the views of social workers and special guardians on a range of contact issues. The material was reviewed in a process of deviant case analysis (Silverman, 2011), in order to find 'discrepant' or 'negative' views. Where contrary or unusual views were expressed, these were highlighted in the results. An example of this was the social worker who had planned a negotiating position in court, in order to achieve the levels of contact he wanted.

Participants thought that contact was mostly a positive thing, but many carers felt that the quality and regularity of contact was a more important determinant of success than the contact frequency. They described the traumatic emotional effect of bad contact on their children, which resulted in children who were upset, unsettled, angry, anxious, worried and confused, The emphasis on the quality of contact contrasted with the views expressed by practitioners, where the discussions were more concerned with contact frequency.

Social workers emphasised the complexity and individuality of cases. Many of their plans addressed the same issues, such as contact frequency, venues, supervision, sibling contact and extra contact for special occasions. They did not have fixed views on contact levels but tended to recommend between monthly and 3-4 times a year.

The factors taken into consideration by focus group social workers in reaching their decision matched those mentioned by the questionnaire respondents. Both groups gave priority to factors directly related to the child. However, several participants in the focus groups identified one issue not mentioned in the questionnaire, which was consideration of the developing child's age and need for time and space for an 'other' life. Many practitioners talked about the parents' problems and assessing what level of contact they could manage. The hardest challenge faced by social workers was clearly shown to be planning for the future. This was borne out by the different perspective offered by the carers, two thirds of whom said that their contact had reduced from the original plans. Several suggested different approaches to this issue, such as a time limit on contact plans, and the gradual transition from contact recommendations to decisions made by the special guardian.

Practitioners talked about the involvement of the child's social worker in recommending contact, and this raised questions about whether the process would be more coordinated and thorough if it was the sole responsibility of a specialist assessing social worker. Special guardians spoke about the child's social worker changing, and not giving them adequate explanations about contact issues or the chance to put their views across. Of even greater concern was that it was clear from the views expressed by the carers that many of them did not feel they properly understood what contact involved at the time they were given their SGO. These factors contributed to the special guardians feeling unsure and unsupported, when contact started and the local authority closed their case. Similar 'process' difficulties were identified when the court process was discussed. Chief amongst these was the feeling

that carefully crafted contact plans could be ruined by solicitors using them as bargaining chips in court negotiations.

Special guardians talked about the difficulties they faced with contact, which were overwhelmingly caused by unreliable or badly behaved parents. However carers also put forward suggestions to address these problems, such as a review of contact, after it had started, which they felt would have been helpful to them. Others felt all the responsibility was on them, and they thought that the parents' responsibilities should be detailed in the contact plan, along with specific details of the consequences for inappropriate behaviour.

Chapter Seven Discussion of findings

7.1 The complexity and fluidity of cases require social workers to make tailor made decisions on a case-by-case basis, using analysis and experience

Social workers from the questionnaire and the focus groups agreed that contact planning in special guardianship cases is particularly complex work, which requires the practitioner to investigate and evaluate a large number of constantly changing factors, concerning the child, the special guardian and the birth parents. They emphasized the lack of a 'right or wrong answer' or 'hard and fast rules'. They also agreed on the individuality of issues in each case, which necessitate tailor made contact plans and recommendations. This was a theme picked up in the review of literature, where several commentators wrote about how the complexity of assessing family life meant that contact decisions could only be made on a case-by-case basis (Boyle, 2015; Macaskill, 2002; Schofield & Simmonds, 2011). This suggests that an overly structured approach to contact planning, based on a rigid framework of policy would not be able to address the multiplicity of circumstances that arise in special guardianship cases.

These authors were mostly discussing contact in fostering, where social workers have ongoing involvement with the families, and are able to change contact arrangements as and when required. However, this is not the case with special guardianship, where professional involvement usually ends after the SGO is granted. Additionally in special guardianship cases, the likelihood of the carer being a family relation of one of the parents is likely to complicate matters even further. Practitioners referred to the shifting factors they have to

assess, and the dynamic and fluid nature of cases. They face the challenge of trying to anticipate future problems and write a 'fixed' contact plan for a changing future, as the child goes through different development stages and their needs change. Similarly, an assessment of the parents' ability to address their problems, their capacity for change, and their likely reliability in supporting contact has to be taken into consideration. Both social workers and special guardians acknowledged the difficulty of planning for the future, with any degree of certainty. Perhaps a more realistic view of what contact planning can achieve, what its limitations are, and how these limitations could be addressed, would be more appropriate. There were several suggestions that came out of the focus groups for dealing with the issue of long-term contact and changing family circumstances. Suggestions such as the use of future reviews, and the special guardian gradually assuming full responsibility for contact decisions, offer pragmatic solutions to this problem, and these ideas are discussed more fully in 7.8 and 7.9.

Social workers described different processes in their local authorities for reaching recommendations. They reported that they used observation and analysis of each case, professional experience and intuition to plan for the future, and consideration of a range of factors that affect the recommendations. When struggling to make decisions, most practitioners chose to discuss the issues further with other people involved in the case, and over a third of all responding practitioners discussed all their recommendations in supervision before finalising them. These findings have shed light on the process of how social workers plan and recommend contact, which was the principal aim of this study. It is to be hoped they will encourage and inform further debate on practice among professionals, and with special guardians.

7.2 General views on special guardianship contact

There was a general consensus amongst focus group members and questionnaire respondents that contact was usually a positive experience for special guardianship children, with the proviso that this was not necessarily the case. Social workers said that in approximately two thirds of all their cases, where they had made a positive recommendation on the applicants, they felt some level of child/parents contact was positive. They felt that contact was positive for the mothers in more of their cases than for fathers, and seemed to be less positive about fathers than previous research had indicated special guardians were (Wade, 2014).

There was a wide range of changing factors that research participants felt would determine whether contact was successful, and these were evaluated to identify which were the most significant. Several practitioners mentioned the child's relationship with their parents, and the need for that relationship to be maintained if it had been there initially. However, other social workers pointed out that if the child had too much contact with their parents, it could affect their everyday life and ability to settle into their new placement. Several social workers mentioned the child's need to bond with their new carer, as an important factor in deciding on the level of parental contact. Practitioners and carers agreed on the difficulty of deciding how much contact was the right amount, particularly when the child was a baby.

The challenge of planning for successful contact was illustrated by the amount of cases where social workers anticipated future problems. The questionnaire produced a wide range of responses on this issue, but on average practitioners felt that future problems were likely in about half of their cases. The focus groups provided the opportunity to record detailed discussion of these issues by social workers and carers, with one practitioner referring to very problematic contact as a 'recurring theme'.

The differing opinions gathered in this research regarding how positive an experience contact is for children, and the discussions on appropriate contact levels and problems in cases, can best be understood by setting them within the context of different opinions found in the literature. Academics have been unable to agree not only on whether contact is a good thing, but also on the method for researching the question (Quinton *et al.,* 1997, 1999; Ryburn, 1999), with Ryburn arguing that strict evidence would always be elusive in child welfare. This neatly illustrates the complexity of the field within which special guardianship social workers are practicing, and the challenge of trying to plan appropriate levels of contact that will be positive for a child.

7.3 Social workers' views on whether recommendations should be detailed or more general

The questionnaire revealed differing views among social workers on how prescriptive they thought their contact recommendations should be. Seven social workers completely favoured very specific and detailed arrangements, but the average response was a slight overall preference for more general recommendations. The focus groups enabled investigation of some of the thinking behind these preferences. Some practitioners felt that it was part of the special guardian's duties to use their legal authority and assume the responsibility for making decisions on contact, to meet their child's needs. Practitioners from both focus groups thought their recommendations should address any problems or risks, but should be as least prescriptive as possible as long as they contained as much detail as the carer and child needs. Other social workers explained why they prefer to write more detailed recommendations. One described how a specific contact plan with a rigid schedule can provide reassurance and security for children who require more certainty. Another practitioner felt that a detailed contact plan made it easier for special guardians to resist emotional pressure from parents for more frequent contact. This aspect of contact

recommendations, whereby they reinforce the carer's authority, was also appreciated by several special guardians.

Considering the diversity and complexity of different cases, it is understandable that social workers will decide some require more prescriptive recommendations than others. However, some practitioners would also seem to generally favour more prescriptive plans than other practitioners. It was not within the resources of this research to investigate how and why decisions are made on how prescriptive recommendations should be. But it would be a useful subject for investigation. If best practice is to tailor the amount of detail included in each recommendation to the requirements of each case, then it would be interesting to know what are the best criteria to use to determine how much detail is appropriate. For example should it become standard practice to get the views of special guardians on how much detail they wanted in their contact plans?

7.4 Factors that led to the social workers' recommendations

Several of the focus group social workers commented on the wide range of factors they felt should be taken into consideration when making their recommendations on contact. The questionnaire provided information on how practitioners rated the different factors, and which they felt were the most important. The factors directly concerning the child scored highest, including consideration of their best interests, their age and development, any ongoing risk posed by the parents, and the effect of contact on the stability of the child in the placement. This would clearly indicate that the paramountcy principle of the child's best interests and welfare was being followed. Consideration of the child's wishes, depending on their age, scored slightly less. This was probably because in some of the cases, the child would have been too young to express their views.

The focus groups raised an additional factor concerning the child, which had not been specifically included in the questionnaire. Four social workers mentioned consideration of the child's need for an 'other' life. By this they meant that parental contact should not be set at such a high frequency that the child missed out on the other activities they should be enjoying as part of a regular childhood. Social workers noted that this issue is dependent on the child's age, as their 'other' life develops as they get older. Children will want to spend more time on friends and activities as they grow, and this needs to be anticipated by social workers in their plans. While this would seem to be a justifiable objective in contact planning, it illustrates the challenge for practitioners in making plans without any degree of certainty about the future.

Most of the factors concerning the birth parents scored highly, particularly the reasons for the child's removal from them, and whether the their problems were ongoing. These issues are obviously related to consideration of any risk to the child, which was one of the highest rated factors. The quality of the parents' previous relationship with the child, their reliability in attending contact, and the quality of that contact, also scored highly. The parental factors considered important suggest a theme, whereby the social worker is looking at the past child/parent relationship and current contact in order to predict the parent's likely future behaviour. This may provide an indication of how reliable the parents may be in the future, and any risk that they pose. One practitioner referred to consideration of the parents' *trajectory*. And several highlighted the importance of the parents' attitude to the child's care plan and placement, and their willingness to support it. All of these factors were evaluated so that the social worker could make a judgement on what level of contact they thought the parents could manage, commit to and sustain.

However, questionnaire social workers gave one of their lowest scores returned for the importance of the birth parents' views and wishes on contact. This scored below consideration of the child's wishes and the special guardian's wishes, and below most of the

other factors concerning the parents. Only consideration of different levels of contact for each parent scored lower. In the focus groups, social workers were not asked specifically about the birth parents, but were asked to talk about factors they take into consideration when deciding on contact. None of them mentioned the views of the parents. Although paramountcy of the child's best interests and welfare take precedence over other factors, it is interesting to consider why the parents' views come so far down the list of considerations. This may be for a number of different reasons. It may be that social workers take it for granted that parents will want as much contact as they can get. Or it may be that the parents are seen as 'the problem', and not particularly valued as constructive contributors to the successful resolution of the case. It is not hard to see that if the input of the parents to the contact plan for the future is not valued, then they may feel like they have less of a stake in the contact arrangements and are less inclined to support them.

The factor rated most highly by social workers, regarding the special guardian, was consideration of the carer's ability to manage contact and the parents, and matching the contact plan to what the special guardian could realistically deal with. Managing contact involves several other factors, which were discussed in the focus groups. These include the carer's understanding of any risk to the child, being able to prioritise the child over the parents, being able to stick to the contact plan, and being able to facilitate contact with both parents, even if they are no longer together. Many of the research responses mentioned factors which overlapped, but certain commonalities emerged from the data. The factors considered most important were mainly concerned with the welfare, safety and wishes of the child, the parents' problem issues and relationship with the child, the special guardian's ability to manage contact, and how all of this will affect the placement.

Social workers who completed the questionnaire said they were generally confident that they'd had enough information to make good contact recommendations in all their cases.

7.5 The recommendations made by social workers

One of the principal aims of the research was to shed light on what recommendations practitioners are making on contact in special guardianship cases, as this information has not been collected before. The questionnaire provided a large amount of data on recommendations for contact frequency and duration, venues, other types of contact, people who could attend, future changes and other directions.

The average number of contacts recommended per year, in the cases chosen by questionnaire respondents, was 27 for mothers and 23 for fathers, with monthly contact being the most frequently made recommendation for both parents. Even where the comparisons were limited to cases involving contact for both parents, the frequency recommended for fathers was lower, and contact was recommended in less of the total cases for fathers than for mothers. The figures were significantly higher, than the figures reported by Wade (2014) for fathers and mothers continuing to have contact approximately 60 months after the SGO was granted. However this would be expected if, as has been seen in this study and in Wade (2014), contact is likely to diminish for many parents over the years. Interestingly, where Wade found parents still having contact with their children, the amount they were having was broadly comparable with the levels of contact being recommended by social workers in the questionnaire. However for a number of reasons, direct comparisons were not reliable. These figures are not comprehensive enough for definite conclusions, but if they were substantiated they would broadly support the view that although some parents gradually stop having contact with their children, there are others who maintain contact and continue at the levels of frequency that were originally recommended.

The lower levels of contact recommended for fathers in the research may reflect a greater absence of fathers, more than social workers favouring the mother. However the social workers, who were predominantly female, clearly felt that contact was a positive thing for mothers in more cases than for fathers. Interestingly this was not a view shared by special guardians, according to Wade's earlier research (2014). Bivariate analysis revealed a statistically significant difference in the frequency of contact recommended for mothers, with social workers having 0-4 years experience recommending more than those with 11 or more years experience. This raised more questions about whether social workers with a few years experience, who are more likely to be female and younger, are more predisposed to higher levels of contact for mothers, who are obviously also female and likely to be younger. This research did not provide the data to answer that question, although further investigation might shed light on whether there is any bias in favour of mothers, or even against fathers.

This limited sample would suggest that at least four out of 10 special guardianship children start their placement having no paternal contact. Wade also noted significantly less fathers continuing to have contact, and significantly lower frequency levels for those that did, after 60 months (2014). Further research would be useful to determine the weight of the different contributing factors that lead to lower contact for fathers, such as lower recommendations, higher absence of fathers and the fathers' commitment to contact compared with the mothers'. Fathers are obviously having less contact than mothers, although the reasons for this are as complicated as all the other issues in special guardianship.

Social worker respondents from the questionnaire and the focus groups also provided information on what level of contact they had recommended most often. The most common recommendations predominantly fell within a range of weekly to four times a year, with monthly contact recommended the most, followed by weekly contact. However, within this range the recommendations of different social workers varied quite widely. Bivariate

analysis revealed a significant difference in the contact recommended *most often*, with social workers aged 50 and above having a lower rate than those aged 40-49. The reasons for this difference are not immediately obvious, although it is worth comparing this with the earlier finding that social workers with more experience recommended less contact for mothers than those with only a few years experience. There is a correlation between the groups, because more experienced social workers are likely to be older, and both groups recommend less contact than some of their younger or less experienced colleagues. As respondents also reported that their decisions were based on their professional experience as well as analysis, this raises the question of whether, as social workers get older, more experience affects their general attitudes to what are appropriate levels of contact.

The most common recommendation on contact duration for either parent was for two hours. The recommendations included different types of contact, different conditions on contact, and contact on specific occasions and at specific venues. Respondents made venue recommendations in more cases for mothers than for fathers.

The question of whether practitioners favour mothers or fathers with their contact recommendations was tackled directly in the questionnaire, with a hypothetical scenario, where respondents were asked to say what contact was appropriate for a reliable and cooperative family. Unfortunately this approach may have been too direct, and the responses only indicated a half point advantage to the mothers. However, it may be possible to infer some conclusions from answers to some of the other questions. Respondents were asked about the highest level of contact they had recommended in all their cases. The average for mothers was slightly higher than for fathers, and the most frequently recommended highest levels of contact were weekly for mothers and monthly for fathers. However, these higher rates of maternal contact recommendations would be expected where more mothers than fathers remained involved with their children post-SGO.

In total the nine social workers in the focus groups reported similar recommendations on contact frequency and duration, to those that emerged from the questionnaire. The most common frequency they recommended was monthly, with a duration of two or three hours. Most said their frequency norm was 3 to 12 times a year, although several gave examples of much higher or lower contact.

Over half the questionnaire respondents had included some directions in their recommendations on how future contact might change. In many cases the social worker recommended a possible reduction in contact, usually where it was felt that the parent might not engage or attend reliably. In 23 of the cases the social worker advised a future review of contact. Social workers reported that they had used a contact agreement in over a third of the cases, and over half of them said they had used one previously.

Although the contact recommendations recorded by the 102 questionnaire respondents included a wide range of different directions, they were mirrored by responses from the nine focus group social workers. The recommendations described by both groups were virtually the same apart from a few minor differences.

7.6 The views of the special guardians on the recommendations made, and their understanding of contact.

One of the aims of the focus groups was to involve special guardians and research their views on contact recommendations, in the hope that they would provide an informative additional perspective. While many carers agreed with the contact recommendations that had been made in their cases, one of the most striking revelations to come out of the groups concerned the lack of understanding that some carers had about contact, even by the time their SGO was granted and contact had begun. Two thirds of the special guardians in the

two focus groups were in agreement, either in part or completely, with their social worker's final plans and recommendations on contact. However, although half of the special guardians had been given an explanation about contact by a social worker prior to their SGO being granted, many of the other half, across both focus groups, were adamant they had not had contact explained to them, or had only had brief or hurried discussions. Several said they were unaware that the special guardianship report produced by their assessing social worker would include a recommendation on contact.

Practitioners from both groups said that where there had been discussions with applicants, and a difference of opinion over the proposed plans, these were related to contact frequency. They gave several examples where they linked differences to the carers not having a realistic understanding of the parents. Where special guardians recalled discussions over contact plans, the disagreements they mentioned covered a broader range of issues, although virtually all were related in some way to problems with the birth parents. Almost half the special guardians interviewed said they had not had contact either partially or fully explained to them, although three quarters of the carers said they had agreed with their social worker what the contact should be. Two special guardians disagreed strongly with their contact plans and said they had not had any discussions with their social worker about contact. Among those who said they had not been properly consulted, three felt that the eventual contact arrangements had been imposed on them, with one saying she had to go along with it because she didn't know any differently at the time.

The reasons for the special guardian applicants not having an adequate understanding about contact may be found in how they are given an explanation, and who is responsible for doing this. The problem may be connected to the practice in many local authorities of splitting the special guardianship assessment between two different social workers, from different teams. Under this system, the child's social worker is responsible for the sections of the report that cover the child and the parents, whereas an assessing social worker (often

from the Fostering & Adoption Team) is responsible for the section covering the special guardianship applicant. Whereas the assessing social worker will obviously spend more time with the applicant, it is the child's social worker who writes the final care plan. An assessing social worker in one of the focus groups said that after discussing contact with the carer, she was sometimes unsure if the carer's views would feed into the final care plan on contact. Another felt that assessing social workers who have experience of post-SGO support to carers, have a different viewpoint on the importance of contact and how it works, to the child's social worker, whose work with the special guardian is finished once the SGO is granted. One carer said the child's social worker who spoke to her about contact, changed several times, and this lack of continuity contributed to her lack of understanding of the issues. Processes in different local authorities for assessing applicants and planning contact are quite different, and involve different combinations of specialists. It would be interesting to investigate how this affects the efficacy of contact planning.

The majority of special guardians in the focus groups made it clear that they did not have an adequate understanding of contact issues when they got their SGOs, and carers felt this was because they were not given a proper explanation by their social workers. The special guardians acknowledged that they only properly appreciated what contact meant when it actually started. Given the importance of contact, it would seem essential that special guardians' lack of understanding about these issues is addressed. One approach to this might be to place greater emphasis on the training of special guardians, a point which was raised by one questionnaire respondent who said all carers should be required to have training on attachment and contact management. Social workers expressed the opinion that they had explained contact to the carers, however for a number of stated reasons these explanations are not being effective. Consideration therefore needs to be given to better more systematic communication of information and explanations to carers, and measures to evaluate their ongoing understanding, in order to better support them when contact begins.

7.7 Special guardians lack a realistic understanding of contact when it starts.

Social workers and special guardians in the focus groups thought that until the contact between the child and the parents actually begins, the carers often do not have a realistic understanding of how challenging it will be, and the level of issues that they could be dealing with. One practitioner commented that even when contact plans are fully discussed with carers, they can have an overly optimistic view, and do not appreciate the reality of how it will work on a daily basis. Special guardians agreed with this view, saying the challenge of managing contact and the strain this put on their relationship with the parents, only properly became apparent after the SGO had been granted and contact with the parents had started. One summed up the general view by saying that in the beginning she had not realised how important contact was, and it was only as it went on that she had realised it was the main part in the children's lives.

The discussions with special guardians in the focus groups provided an opportunity to investigate this lack of understanding in more depth. Several carers recalled how the stress of their court case, and their complete focus on getting an SGO to guarantee permanent care of their child, meant they had little awareness of any other considerations, including contact plans. It is not hard to see that carers, who are often a close relative of the child and are worried that the child will be 'lost' to adoption, will channel all their energy into securing a SGO. They are likely to go along with anything that they think will help them achieve this.

However, special guardians pointed out that once contact with the birth parents starts, the reality of managing it begins to dawn on them. The point at which they are perhaps beginning to realize that it is a lot more challenging than they had anticipated, is also the time when social workers are closing the case. So the time when carers begin to

understand contact and the problems it involves, and could therefore have more informed discussions with social workers about what sort of contact suits them best, is also the time when professionals have withdrawn from involvement with the family. Wade's research indicated that a third of special guardianship cases are closed at the point when the SGO is granted, and three quarters are closed within a year (2014). Some of these cases may have been closed quickly because over a quarter of special guardians said they had wanted social worker involvement to end once they got their SGO. When the child is placed and social workers withdraw, carers can feel they have little or no support to help with contact decisions and problems just when they need it most. This is confirmed in the literature, with a large number of kinship carers and special guardians asking for better support with managing contact (Grandparents Plus, 2017; Hunt *et al.,* 2010; Wade, 2014). Selwyn's research based on DfE data (DfE, 2014b) shows that 75% of special guardianship disruptions occur within the two years following granting of the SGO, which emphasizes the critical nature of this period.

Several social workers confirmed that their involvement with special guardians usually ends after the SGO has been granted. They acknowledged the need for professionals to give the carers enough information to fully understand the challenge they are likely to face in their new role. Some felt more emphasis should be put on the training of carers, with one suggesting that training on attachment and contact management should be included in all support plans for special guardians. Another practitioner cautioned that although carers often require a period of support post-SGO, local authority management are not always willing to resource this.

There seems to be no doubt about the vital importance of the period of time immediately following the granting of the SGO, when taking into account the struggles described by special guardians, the lack of available support acknowledged by practitioners, and the higher risk of placement breakdown in the first two years. Many social workers were aware

of the need for more support during this crucial time, but were hampered by the lack of resources provided by their local authorities. It would seem that a more involved approach by local authorities during this critical period is essential to support special guardians and minimise the risk of placement disruptions. Consideration should be given to special guardianship cases remaining open after the SGO is granted, for a short 'settling in period', during which the assessing social worker can continue to support the carer. This might involve councils in providing more short-term resources, but ultimately this would avoid the greater long-term costs from higher levels of placement breakdowns.

7.8 Social workers' and special guardians' views on changing contact arrangements.

The focus groups also offered the opportunity to collect useful data on how contact had developed after recommendations had been made. One practitioner commented that because professional involvement with the families tends to end after the SGO has been granted, unless they are called in by the families, they are not around to observe outcomes which can be fed back into practice knowledge and development. Two thirds of the special guardians gave examples of how their contact had reduced since the original recommendations, and the main reason given for this was the mother's behaviour at contact and unreliability in attending. These views echoed responses to the questionnaire, on what social workers saw as the biggest threat to the success of future birth parent contact in all the cases they had worked on. Virtually all the answers involved potential problems caused by the parents. Practitioners saw the most likely threat to contact as a breakdown in the parent/carer relationship, caused by the parents wish to undermine the placement, or their inappropriate behaviour at contact or failure to attend reliably.

When special guardians were asked whether they thought their child's contact would change in the future, several said that as their child grew older and began to fill their time with friends, activities and interests, contact with the parents would become less of a priority for them. This issue of the child's developing 'other' life had not been raised by the questionnaire, but several carers referred to how contact changes as the child grows older and wants a bigger say in the decision-making.

Social workers were not always confident that special guardians would stick to the contact plan that had been agreed. They pointed out that arrangements may change because the carer has changed their mind about what they want, or because of pressure from the parents. Other practitioners wondered whether carers had been frank with them when planning contact, or if they had just said what they thought the social worker wanted to hear, and then proceeded with the contact they wanted once the SGO had been granted. The situation is complicated by the size and closeness of some family networks, where different members of the family are having all sorts of different contact with each other. 'Unofficial' or unintended contact between the child and the parents may not be desirable, but it may be unavoidable if, for example, other members of the wider family want to invite the child to events like birthdays and weddings. If this is likely to happen, then it has to be factored in to contact planning. But trying to draft workable contact plans for one part of a family network is a daunting challenge for professionals.

As has been seen, the challenge of considering all the current issues is made more difficult for social workers by the task of trying to anticipate future changes. Practitioners need to look ahead and take account of the child's future development, try and gauge the parents' trajectory and how they will deal with their issues, and make judgements on how the special guardian will manage the contact in the future. This last factor might appear to be the most straightforward to predict, but in questionnaire responses, several practitioners said they had concerns about the carer's ability to manage contact.

One solution to the problem of long term contact planning is to incorporate details of a gradual move from the initial contact arrangements put in place by the social worker to a time and position where the special guardian has assumed complete responsibility for contact planning and decisions. Carers do of course have legal parental responsibility to do this at any time, which allows them the flexibility to adapt the contact arrangements to better suit the family's needs. As one practitioner remarked that they had after all assessed the applicants as being able to manage contact. This seems slightly at odds with concerns expressed by some practitioners that the special guardians would not stick to the recommended plans. However, considering the individuality of each special guardianship case, it would seem likely that social workers consider some carers more able than others of assuming responsibility for deciding on contact. The current system leaves a lot of uncertainty and ambiguity regarding how much carers should adhere to the contact plan and how much they should use their parental authority to decide on contact. A phased schedule from the former to the latter would provide clarity on responsibility.

One social worker explained that they already use a time-limited approach to contact recommendations, by only planning for the first 12 months, after which time the special guardian would be expected to take over deciding how contact will progress. This approach acknowledges that social workers cannot plan long term contact with any degree of certainty, and seeks instead to provide guidance on contact for the near future only. At the end of this period the special guardian will gradually take over the tailoring of future contact arrangements to best fit the changing needs of the child and family. As they live with the child and have parental responsibility for them, they are the best-placed people to do this.

As long as the parents' wishes are respected, and assuming all parties are cooperating, this model offers a pragmatic solution. Adopting a 'time-limited' contact plan has clear benefits. It allows social workers to use their experience of special guardianship and knowledge of the potential challenges of contact to provide a workable framework for all parties to begin

contact with. But it also allows flexibility, to adapt contact in the future, using the carer's knowledge of the family's circumstances. It also makes it clear to all parties, including the parents, that the carer will eventually take over full responsibility for contact, and the plan could specify when this will happen. A different time schedule is likely to be required in different cases.

7.9 Special guardians felt that there should be a post-SGO review of contact

As has been seen, special guardians do not always develop an adequate understanding and appreciation of contact at the time when they are focused on securing care of their child. But when contact with the parents eventually begins, the full importance and challenge of contact soon become apparent to them. This led some special guardians to suggest that this was the point when they would like to be able to adapt the original recommendations and change the plans to better meet the needs of their families. Special guardians suggested there should be a post-SGO review of contact once it had got underway. They realised that they did not have experience of what contact really involves, prior to their SGO being granted, but felt that once it had started and they had a better understanding of the issues, they were in a much better position to contribute to an appropriate plan for their family.

One carer felt that a review would also give them an opportunity to address any circumstances that had changed since the original recommendations, for example a deterioration in the parent's behaviour. In about a quarter of the cases reported on in the questionnaire, social workers had included a recommendation for a future review of contact, all of which were to be within the first 12 months. In light of these views expressed by special guardians, consideration should be given to including reviews of contact in all

contact recommendations. Although it makes sense to plan contact in advance, the addition of a post-SGO review would enable evaluation of how it is working in practice, and whether it requires any fine-tuning. This would allow any problems to be addressed with the involvement of social workers, which would have an additional benefit of providing valuable feedback on outcomes for practitioners. Contact reviews are already used by some social workers, but it would seem advisable to make them a part of all contact plans.

7.10 Special guardians felt the quality and reliability of contact was more important than the frequency. Special guardians gave examples of problem parents, and how they affect the child.

As special guardians are the people who have to manage contact, try and make it work and deal with the consequences when it doesn't, the opportunity was taken to ask for their views on what makes contact a success. Special guardians from both groups felt that the quality and regularity of contact were the most crucial factors in determining its success. They felt these were more important than frequency of contact. These echo the views of special guardians and kinship carers found in other research (Humphreys & Kiraly, 2011; Wade, 2014), where problems with placements were attributed to the negative effects of poor contact rather than contact frequency. It is interesting to contrast these views with social worker comments and contact recommendations, where the focus and most common directions concern the frequency of contact. Although, it should be noted that several social workers raised the issue of the importance of reliability and responsibility from the parents, and the effect that contact has on the child.

Special guardians provided numerous examples of how the parent's poor behaviour or unreliability had affected the quality of contact. Carers described parents who had turned up to contact under the influence of drink or drugs, were mentally unstable or emotionally

volatile, or had made threats or been violent to them. Many of these behaviours are difficult for the carers to predict beforehand. Other problems can be much subtler, such as unofficial parental contact through social media, or parents making inappropriate comments to the children during contact. This latter problem was a regular theme amongst special guardians in the focus groups. One carer gave the example of a parent, who promised the children a pony and took them to choose a puppy. The carer then had the task of dealing with the children's disappointment when these promises did not materialise. Several special guardians said they have to wait until the parent has arrived at contact before telling the child it is going to happen, in order to avoid letting them down if the parent does not show up. Other carers mentioned missed phone calls, and one said their child's parent had cancelled her Christmas Day visit two days beforehand. In many cases, the parents' problem issues which caused the child to be removed, will continue after the child has moved to live with the special guardian, and are likely to continue to cause problems with contact.

Many of the social workers and special guardians gave examples of how problems at contact had affected the child. One social worker referred to a five year old who makes anxious guttural noises whenever his unreliable mother turns up again. One special guardian referred to her child's ranting and raving anger with her mother, and how it takes her a month to settle down, by which time she wants to see her mother again. Another, whose child was starting a trauma group, said the mother's unreliability had been so harmful to her child that it would have been better for him to have had no contact at all. Unsurprisingly, several carers and practitioners concluded that problems with contact could seriously impact on the child's ability to settle into their new placement with the special guardian.

It would seem clear from these powerful examples of how distressing bad or unreliable contact can be for children that special guardians should be listened to and that there

should be a greater emphasis placed on the quality and regularity of contact. It is easy to understand why contact recommendations mainly focus on frequency, as parents and children want to know how often they will see each other, and these issues have to be addressed. But the views of special guardians suggest a re-focusing of the contact planning process on the quality of contact, and dealing with the potential threats to that quality such as poor parental behaviour or unreliability, would seem to be required.

7.11 Special guardians' views on the responsibility of the parents.

When discussing parental problems, the special guardians contrasted the parents' irresponsible approach with the recommendations they were expected to follow, and their responsibility to the child, and to make contact work. One carer commented that the onus was all on them to make contact happen, whereas there was no reciprocal responsibility on the parent to attend. Another carer asked why her recommendations detailed increased contact if the mother behaves, but did not mention a corresponding reduction in contact if the mother behaves badly.

There was a general agreement amongst special guardians that there should be a responsibility on the parents to attend contact reliably and to behave appropriately or face the consequences. One carer made the argument for the contact plans to spell out in detail what consequences there would be for parents if they did not cooperate or behave appropriately.

In earlier discussions in the focus groups, special guardians made related points, saying the court order should have required the parents to be 'drugs free' before contact was permitted, and a mother's mental health should have been considered in the contact planning. The questionnaire responses did indicate several examples of recommendations

that had required various actions from parents before contact could take place, such as a parent who could not attend if they were under the influence of alcohol, and another who first had to complete a therapeutic intervention. Only two recommendations referred to parental reliability and attendance, although no consequences for failing to cooperate were detailed.

Just as the special guardian's parental responsibility is about rights and responsibilities, it seems appropriate that the parents' rights to contact, which are laid out in the contact recommendations, should be accompanied by details of their corresponding responsibilities. In particular these should cover the responsibilities which most affect the children, namely reliable attendance by the parents and a reasonable standard of behaviour, including a prohibition on inappropriate comments. It also seems justified that contact recommendations should include specific details of the consequences for parents of any improper behaviour, for example a plan of contact frequency reduction.

Other commentators have suggested that birth parents and carers are both involved in the formulation of a written contract agreement, before any contact starts (Hunt *et al.,* 2010; Macaskill, 2002). Although it would not always be realistic to persuade the parents to cooperate in the development of a contact agreement, where it was possible it would tie them in to it much more, and place more obligation on them to cooperate with what was agreed. By valuing the input of the parents more than currently seems to be the case, the parents might be encouraged to play a more responsible role in the contact arrangements. If social workers led this process, it would give them an opportunity to make sure that the parents understood why reliable and good quality contact is so important. A written contact agreement that clearly lays out the rights of the parents, their responsibilities, and the consequences if they do not fulfill their responsibilities, would have two further benefits. Firstly, it would help to modify irresponsible behaviour by the parents, if they were clearly aware of the consequences. Secondly, it would provide authorisation for the special

guardian to immediately reduce poor quality or unreliable contact that may be harmful for the child. The formulation of a contact agreement that clearly defines rights, responsibilities and consequences for parents, should be attempted in all special guardianship cases.

7.12 How the court process can work against contact planning

Both special guardians and social workers were critical of the court process, and how it can sometimes work against careful contact planning. Practitioners said agreements on contact can be left until the last thing to be decided in court, which can result in rushed consultations with the family at the final hearing. Social workers described how carefully crafted contact plans could get derailed by the adversarial nature of the Family Court, and several carers mentioned how contact recommendations were bargained over in court. This led one social worker to plan a negotiating position on contact beforehand, by initially recommending less contact than he wanted. If contact arrangements are being used in court as bargaining chips, it is difficult to see how this could result in arrangements that are best suited to the child's needs.

Several social workers complained about what they perceived as the children's guardian having too much influence over judges. One said they were not always confident that the court would consider their recommendations at all, and another felt that judges are increasingly favouring parents' rights in consideration of contact. However, in the questionnaire, 26 social workers said they asked for directions on contact to be included in a CAO, and at least 21 social workers said court had included some directions on contact in an order. Almost all of those involved directions on contact frequency.

Many social workers clearly see the court process as an obstacle to good contact planning, that has to be negotiated. Plans being used in bargaining by solicitors, and judges who do

not appear to value social worker contact recommendations, would appear to indicate a lack of understanding about the crucial importance that contact plays in the child's life and the stability of their placement. If the court process is working against carefully considered contact planning, then it is working against the child's best interests.

Although contact has to remain part of the court process, just as all aspects of the SGO do, a more measured approach might be to require the social worker to produce and file a contact plan and contact agreement with court, for each case in advance. This could be done by social workers in the same way that they are currently required to produce and file a support plan. Although this could obviously still be challenged in court, it would provide a more structured contact proposal, that could address all the issues suggested earlier, including responsibilities and consequences for the parents. This could be negotiated with and signed by the carer and parents, in the same way that support plans are negotiated with and signed by the special guardian. Such parental involvement should promote their cooperation with the contact plan, and may help to avoid unhelpful bargaining in court.

Chapter Eight Conclusions

8.1 Practice and policy implications

Special guardianship has proved to be a very popular addition to the permanency options for children who can no longer live with their parents. In the 12 years since they were introduced, thousands of SGOs have been used, mainly by family members to obtain legal responsibility for them looking after a child who is a close relative. One of the features of special guardianship is that where it is in the child's best interests, they should continue to have contact with their birth parents after they move to live with their new carers. Local authority social workers have a duty to include a recommendation on the nature of this future contact, with their assessments of prospective special guardians. Research indicates that managing birth parent contact is one of the biggest challenges that special guardians face, and in many cases it can have a critical impact on the stability of the placement. However, despite the crucial importance of contact to the success of special guardianship as a permanency option, there is virtually no policy guidance on what contact recommendations should include, or what criteria should be used to arrive at them. There is also hardly any research available on what social workers are currently including in their plans, and how they are reaching their decisions. And yet thousands of plans and recommendations on contact continue to be made in local authorities and Family Courts every year. These plans involve life-changing decisions that will affect the child's future relationship with their parents for their entire childhood. There is a clear overdue need for light to be shed on this vitally important area of children's social work, and this study has set out to fill that gap.

Using a questionnaire for social workers, and focus groups with social workers and special guardians, this research has gathered a large amount of quantitative and qualitative data on the practice of contact planning. One hundred and two practitioners responded to the questionnaire and provided information on what they have included in their recommendations, and what factors they have taken into consideration in order to reach those recommendations. They detailed what were the most important criteria in reaching their decisions, and also provided information on their general views on special guardianship and contact. This data was augmented by contributions from nine social workers and 12 special guardians in one-hour focus groups. These sessions provided richer and more personalised explanations of the involvement of practitioners and carers in special guardianship contact. The addition of special guardians to the study, opened up a new perspective on contact planning from the view of service-users, and provided useful information on how the contact recommendations were being put into action.

The results of the research have raised many interesting issues and posed many new questions, which were discussed in the previous chapter. It is clear that the planning of contact involves the assessment of a complex web of changing family circumstances. Social workers have to make judgements with an eye to the future, and the child's safety, their development, their 'other' life and their changing needs. They have to decide what is enough contact to safely maintain the child/parent relationship, while not giving too much contact that will undermine the child's ability to settle into their new home and bond with the carer. The plans have to be workable, not too prescriptive, and tailored to what the special guardian can manage. Questions were raised about how it should be decided how prescriptive the recommendations should be. And what criteria would help in reaching those decisions, and whether all special guardians should be consulted for their opinions on how much detail they wanted in their contact plans.

Consideration has to be given to how the parents will cooperate with and support contact. Unreliable or poor behaviour by parents has the potential to undermine the success of contact, and this was a recurring problem. Special guardians gave many examples of how inappropriate behaviour had led to contact being reduced from what was originally planned. Arrangements were changed in many of the cases researched, which highlight the almost impossible task that social workers have of trying to reliably plan contact for years ahead. Solutions were suggested for dealing with this issue, including a phased move from the contact plan to the special guardian gradually assuming full responsibility for all contact decisions. The recommendations could spell out the time frame within which this would happen, and these could vary depending on the needs of individual families. This would also have the benefit of removing any uncertainty for carers on whether they should be following the contact plan or using their parental responsibility.

Another suggestion for dealing with the challenge of planning for changing circumstances was to include plans for a review of contact arrangements after the SGO had been granted and contact had started. This could be conducted during a 'settling in' period, when social workers could keep the case open for a limited time, following the granting of the SGO. Many practitioners already use reviews, and consideration should be given to including them in all contact plans. This would allow fine-tuning of the contact by social workers, once it was up and running. It would allow practitioners to see how the parents were engaging with contact, and it would enable them to address any problem issues. It would also be an effective way to address one of the other major problems that was revealed by the research, which was the special guardians' lack of adequate understanding about contact at the time they were granted their SGO. It is a major concern if special guardians do not fully appreciate what contact involves when they are given the responsibility of managing it, and social workers need to do more to communicate, explain, and evaluate what understanding carers do have. A greater emphasis on training of carers would surely help here. Once carers had got used to the reality of dealing with contact, a pre-arranged review of contact

would give them the opportunity to contribute to adapting the arrangements. It would also mean social workers would continue to be involved with the special guardians at a time when the carers have said they need their support the most. A further benefit is that post-SGO involvement with the special guardians provides practitioners with valuable information on outcomes for practice development. Post-SGO support for carers, during their transition period of adjusting to the reality of special guardianship and contact, might cost local authorities in short-term resources, but they would benefit from the long-term increase in placement stability.

Special guardians felt that all the responsibility to make contact work was on them, and there was no duty placed on the parents to support it. They suggested that just as they have parental responsibility for the children, the parents should have a responsibility to engage appropriately with contact, and this should be fully detailed in the plans. They also wanted it made clear what the consequences, such as reduced contact, would be for parents who failed to engage responsibly. Incorporating these details into a contact agreement that the parents contributed to, offers an opportunity to encourage a more responsible attitude from them towards contact. The research indicated that the views of the parents were valued less by social workers than many other factors, and it is not hard to see that if they feel that they had no involvement in the contact planning then they would be less inclined to support the arrangements. By having an input into the contact agreement, parents might feel more obligated to cooperating with the plans that had been agreed, and less likely to behave irresponsibly. Social workers drawing up the agreements would be able to make sure that the parents understood why reliable and good quality contact was so important, and spell out the consequences of inappropriate behaviour. A contact agreement incorporating parental rights, responsibilities and consequences, would also clearly authorise special guardians to immediately reduce or stop poor quality or unreliable contact that may be harmful for the child. Not all parents are likely to agree to participate in a contract agreement, but it should be attempted in all special guardianship cases.

The views of the special guardians in this study, which were supported by other research, were very clear in that the quality and regularity of contact is more important than the frequency. Carers explained how unreliable and poor quality contact has a major impact on their children. This view contrasts with the content of the recommendations on contact, which are focused on how much contact parents have. It is understandable why contact recommendations largely focus on frequency, as these are important and contentious issues. But the research would suggest the need for a greater emphasis on how reliable and positive an experience contact is for children. The views of special guardians in this study, are that what really determines the success of contact is the quality, not the quantity.

Some of the other issues of concern regarded the local authority and court processes of planning and deciding contact. There is some evidence to suggest that the lack of social worker discussions with special guardians, and the carers subsequent lack of understanding about contact, could in part be linked to the local authority practice of splitting special guardianship assessments between different social workers and different teams. Further investigation and discussion might shed light on how this process affects contact planning. And whether making SGO assessments the responsibility of one specialist social worker, as some local authorities do and as is done with adoption, would be a more sensible approach.

Similarly, a rethink of the way contact is dealt with in court would seem to be essential. If the adversarial nature of the court process is working against carefully considered contact planning, and contact arrangements are being used in court as bargaining chips, this cannot be in a child's best interests. One approach to this issue would be for contact plans and contact agreements to be filed separately with court, in advance of each case, as happens with special guardianship support plans. This would hopefully give more weight to the contact plans, particularly where the parents and special guardians had both signed up to them.

One final issue for consideration would seem to be the lower levels of contact being recommended for fathers compared with mothers. And why practitioners do not feel as positively about fathers' contact, as previous research indicates that special guardians do. This study does not claim that social workers are recommending less contact because of bias against fathers. There are many other possible reasons such as less paternal reliability and involvement with children. However, this research does raise a number of questions about this issue. These include why practitioners, who are mostly female, feel that some level of contact with mothers is a positive thing in more cases than for fathers. It is beyond the scope of this research to investigate the causes of this difference in contact levels, but it is clearly an important subject for investigation to determine if there is any discrimination against fathers. Similarly the finding that less experienced social workers are recommending more contact for mothers than those with substantially more experience raises interesting questions about the attitudes of different groups of practitioners.

Consideration of these issues, within the context of the data provided by this study, leads to the following recommendations.

8.2 Practice recommendations

PROPOSAL 1 – Consideration should be given by social workers to placing greater emphasis on the quality and reliability of contact.

While frequency of contact needs to be fully covered in recommendations, more emphasis needs to be given to the likely quality and reliability of contact. Negative factors such as the parents' unreliability or poor behaviour should be taken into account more.

BENEFITS

Special guardians are clear that the quality and reliability of contact are the most important factors in determining the success of contact.

COSTS

None.

PROPOSAL 2 – Recommendations should include a scheduled move from the use of the contact plan to the special guardian making all contact decisions.

This approach to long-term contact involves accepting that social worker planning can only realistically cover circumstances in the present and near future, and appropriate and relevant arrangements for longer-term contact should be decided by the special guardian. The contact recommendations should include a schedule detailing the time by which the special guardian will assume full responsibility for all contact decisions. Different families may require different time schedules.

BENEFITS

This proposal addresses the difficulty of planning for the future, when the family's circumstances are likely to have changed. This uses the social worker's knowledge and experience to provide an initial framework for contact, and the special guardian's ongoing knowledge of the family for longer-term contact. This clearly defines how contact decisions

should be made, at different times, and by whom. It removes ambiguity about when carers should take over responsibility for decisions. It allows future flexibility, where contact can be adapted to the family's changing needs and the child's developing 'other' life. It makes clear to parents that the special guardian will eventually be fully responsible for the contact.

COSTS

None.

PROPOSAL 3 – All recommendations should include plans for a post-SGO review of contact.

The contact plan should include details for a post-SGO review of contact, in the near future after contact has been running for a reasonable period of time. The plan should specify a date for when the review should happen. The review should be hosted by the social worker. It should include the parents and the special guardian, and consider how reliable and positive contact has been for the child. The contact could be evaluated against any contact agreement that was produced. Changes to the initial contact plan should be agreed between the social worker and the carer, and if possible also with the parents. Special guardianship cases could remain open at a low-level until the review has been concluded, in order to give carers support.

BENEFITS

The review would address teething problems and changes in circumstances. Initial plans could be adapted, based on how well contact is working. This allows consideration of parents' engagement and the need for any changes to the arrangements. It allows constructive input from the special guardian, when they have a better understanding of the issues, and it allows social workers to provide post-SGO support at a time when carers say they need it most. Post-SGO involvement also provides useful information on outcomes.

COSTS

Social worker time, including arrangements and meetings for the review (1 day each).

PROPOSAL 4 – Wherever possible, contact agreements should be used, detailing parents' responsibilities, and consequences for not fulfilling them.

Recommendations for parental contact should be accompanied by parental responsibilities. These should specifically address reliable attendance, behaviour and inappropriate comments. Plans should include specific consequences for bad behaviour, eg: reduced levels of contact. Parents and special guardians would be encouraged to contribute and sign up to the agreement. Social workers should be required to file the contact plan and the contact agreement separately with the court, in advance of the final hearing.

BENEFITS

Parents would be given a clear understanding of their responsibilities and consequences, which would encourage them to support the contact plan and act responsibly. Special guardians would know that the responsibility for making contact a success was not all on them, and it would give them the authorisation to immediately reduce contact that might be harmful to the child. The plan would focus emphasis on the quality of contact. A filed plan would emphasise the importance of contact to the parties in court and to the parents. A previously filed plan could help reduce unhelpful bargaining in court.

COSTS

Social worker time, including meetings, for the contact agreement (1 day each).

PROPOSAL 5 – Further consideration should be given to issues around the equal assessment of fathers and mothers in regard to contact planning.

Social workers should pay particular attention to giving equal consideration to fathers for contact. This subject would benefit from further investigation, discussion and research.

BENEFITS

Equal rights for fathers, and an anti-discriminatory approach.

COSTS

None.

8.3 Policy recommendations

PROPOSAL 6 – Cases should remain open, for a low-level 'settling in period' following the granting of the SGO, and contact starting.

Local authorities and social workers would keep cases open for a 'settling in period', at least until a review has been concluded. The aim would be to give carers support during the critical early months of the SGO, when special guardians are coming to terms with the reality of contact starting. This would involve variable levels of involvement, depending on the needs of each case. This time could be used for involving special guardians in training.

BENEFITS

This would provide support for special guardians during the most critical and challenging time for them. Social workers would be at hand to offer advice, guidance and mediation on contact. The settling in period could be utilised to promote and encourage training of carers. This would decrease the likelihood of problems, which could lead to placement instability. It would provide valuable feedback for practitioners on outcomes.

COSTS

Social worker time spent working with family (0-3 hours per week).

PROPOSAL 7 – All contact plans should include proposals for training of special guardians.

Contact plans should include details of training for special guardians for their new role. This could include training on attachment and contact management. Ideally it would be held in the immediate post-SGO period, when carers are actually experiencing contact, and say they need support the most.

BENEFITS

Training could address the lack of understanding many special guardians say they have at

the time of the SGO. Training could be given on strategies for dealing with issues caused by the parents, and for improving the quality and frequency of contact. Training could be given on how contact should be adapted to fit changing circumstances. Training would improve the carer's ability to manage contact, and would therefore increase the quality of contact for the child.

COSTS

The cost of training sessions, and the social worker's time in arranging it (1-2 days each).

PROPOSAL 8 – Discussion and evaluations should be undertaken by local authorities on the advisability of special guardianship assessments being completed by one specialist social worker, rather than being split between different teams.

Special guardianship assessments would be more coordinated if they were undertaken by one social worker with specialist knowledge, as happens with assessments for adoption. This system is currently used by some local authorities.

BENEFITS

Special guardianship applicants would only have to deal with one social worker, who was a specialist in special guardianship. One social worker would be clearly responsible for providing special guardians with information and training about special guardianship, and an adequate understanding of all contact issues. The social worker responsible for assessing the prospective special guardian, would also be the person planning and recommending contact.

COSTS

Professionals' time spent on consideration of policy and best practice (variable time).

8.4 Summary

The complexity and fluidity of special guardianship cases and the difficulty of making relevant contact plans for the long-term future were themes that ran through the research. The contribution of special guardians to the study introduced a different perspective, where the predominant theme was the potential of parents to damage the quality of contact for the child with unreliable and inappropriate behaviour.

The research gives rise to several recommendations for practice and policy, including regular use of a post-SGO review, and a scheduled move from the initial contact plan to the special guardian assuming full responsibility for contact decisions. Keeping cases open post-SGO for a 'settling in' period was also recommended, as a way to support new carers when they need it most, and make sure they have training for a better understanding about contact than they currently have. Proposals were put forward to rebalance some of the responsibility for contact onto the parents, by detailing the consequences of poor behaviour. And recommendations were made for encouraging parental involvement with the contact plan by involving them in the drafting of a contact agreement.

These suggestions represent a relatively modest investment by local authorities, in terms of time and effort. But they offer potentially substantial rewards in the form of better quality and more reliable contact for thousands of children, and more stable and secure special guardianship placements.

8.5 Future research

The research has raised many new questions, which this study has not had the scope to answer. The researcher suggests that further investigation of the following would offer particularly useful insights for practice and policy.

1. What else can be done to promote the quality of contact for the child, and what is the best method of contact planning to address potential problems such as unreliability or inappropriate behaviour by the parents, that threaten the quality?
2. Where contact works well, what do all parties including the children think are appropriate levels and frequencies of contact?
3. Are the views of parents given appropriate weight and consideration?
4. What are the reasons for fathers apparently being recommended lower levels of contact? And is this affected by the age and experience of practitioners?
5. How should it be decided how prescriptive and detailed contact plans should be? And should special guardians be consulted more on what the plans should include?
6. Should local authorities reconsider how they are set up to do special guardianship assessments and contact planning, with a view to locating the work in one specialist team?

These questions would benefit from small and large scale qualitative research studies, where focus groups and individual interviews could be used to further explore the perspectives of special guardians and professionals working in this field. Larger studies would offer a greater chance of being representative of the national population of special guardians and their children. Clearer data on the total number of SGOs being granted each year, would also seem essential to underpin the understanding of special guardianship, as neither the DfE or Ministry of Justice figures provide a complete picture of the number of orders being granted. In view of the numbers of children affected by SGOs, the field

deserves a larger scale research effort than is currently visible. The DfE has a crucial role here as the major sponsor and funder for this work. There is a need for longitudinal studies of the cohorts of children subject to SGOs, which would provide the basis for assessing the longer term impact of special guardianship as a permanency option for children. Quantitative studies of the characteristics of children subject to SGOs and their outcomes need to be complemented by qualitative studies of the experiences of children and their special guardians and of the decision-making of social workers. We need to know not just the outcomes but also the processes that give rise to these outcomes. The current study, using both quantitative and qualitative methods, provides one example of how research using mixed methods can improve our understanding of the role of special guardians in providing greater permanency for children.

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Appendix 1 Literature search plan

Initial research question:

"What should determine the recommended contact levels between special guardianship children and their birth parents?"

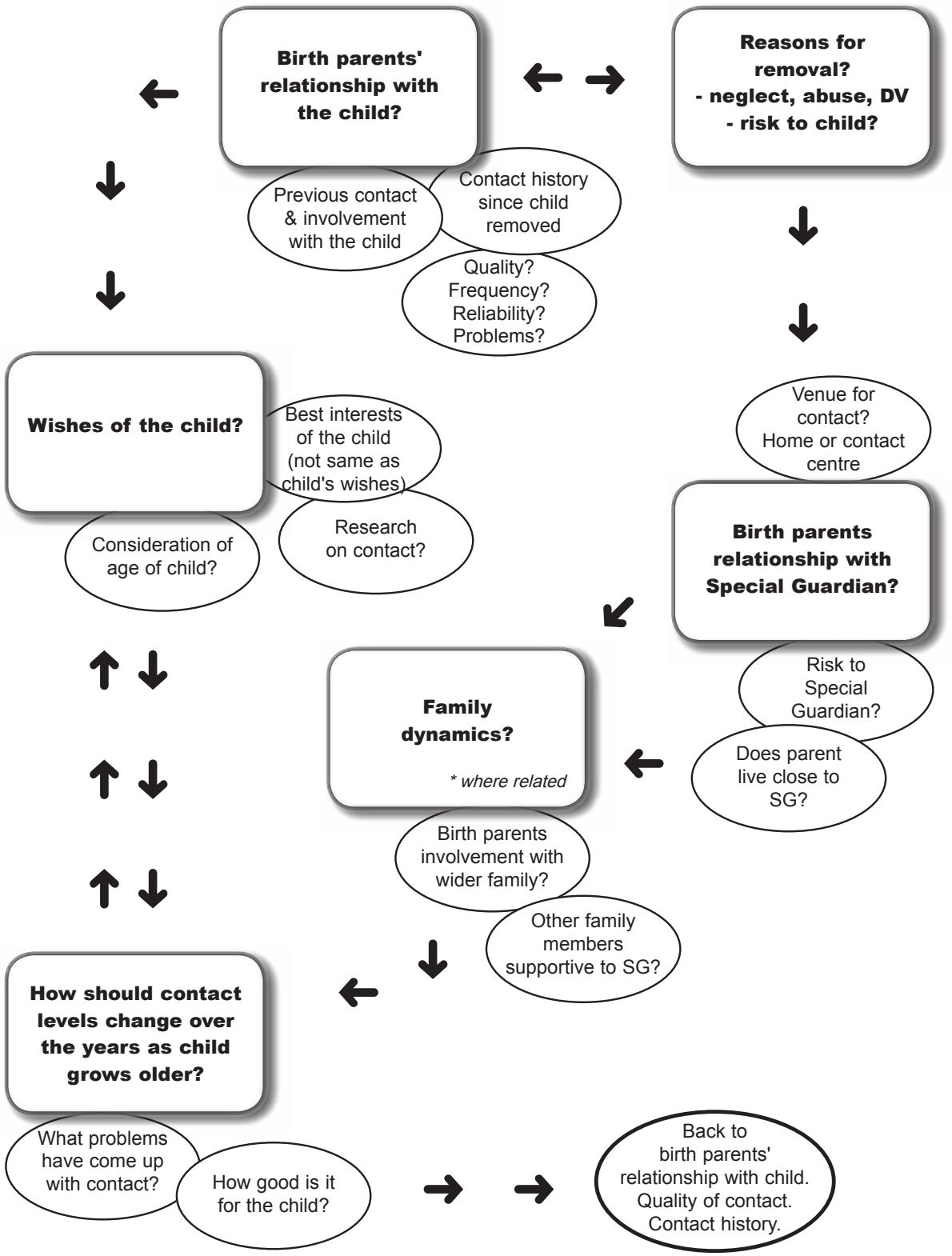
Date	Critical thinking
26/4/15	Although I have not yet finalised my research question, I have decided it will be related to the support services available to special guardians, as this is the field that I want to base my future career in. My initial searches show there is only a small amount of research that has been undertaken on special guardianship. I therefore plan to broaden my literature search to include support services available to adopters and foster carers, as they share many characteristics with special guardians. I decided to start my planned literature search with the principal relevant search words ('special guardianship') to gauge the results generated. I decided to use the university's Discovery resource, as a good overview of published research.

Date	Critical thinking	Search term & limiters	Results
26/4/15	Because special guardianship was introduced in the Adoption & Children Act 2002, I did not expect any reference to it before 2000. I decided to check this idea before starting my detailed searches.	**"Special Guardianship"** Field: Abstracts Dates: Jan 1970 - Dec 1999	5 0 of interest
	This confirmed that the term 'special guardianship' does not appear in research prior to 2000. There may be some references to it between 2000 and 2002, as the bill and act were being considered. Therefore I will date limit all future searches of the search term 'special guardianship' to after January 2000.	**"Special Guardianship"** Field: Abstracts Dates: Jan 2000 - May 2015 Language: English	63 17 of some interest 3 of specific interest
	It occurred to me that there may be some additional results from a search of "special guardian*" I therefore re-ran the search with this amended search term.	**"Special Guardian*"** Field: Abstracts Dates: Jan 2000 - May 2015 Language: English	276 only 2 additional relevant results 0 of interest
	This produced only 2 results that actually referred to special guardianship. I wondered if the search term 'guardianship' on it's own would yield any extra results.	**Guardianship** Field: Abstracts Dates: Jan 2000 - May 2015 Language: English	6,489 too many to check
	To make this quantity of results more manageable, I added the limit of 'academic journals'. However most of the results referred to other fields of guardianship, such as the mental capacity of adults.	**Guardianship** Field: Abstracts Dates: Jan 2000 - May 2015 Language: English Academic journals	2,525 4 of some interest 3 of specific interest

Date	Critical thinking
2/5/15	I attended a workshop on special guardianship on 30/5/15 with social workers from other local authorities, and discussed with them what informs their recommendations, as required by court, on future contact between special guardianship children and their birth parents. The consensus was that there is little research and no government policy guidance informing these recommendations, and so very little evidence-based practice. One of my long-term goals is to become more involved in the design and provision of support services for special guardians. Problems regarding contact with birth parents are one of the biggest challenges for special guardians, and therefore one of the principal issues they need support with. I have therefore decided that this is an important and relevant area for me to locate my research study in. My discussions at the workshop led me to consider what factors should be considered when deciding on contact recommendations. For example: the child's relationship with the parents, the reasons for removal, the wishes of the child, different family dynamics, and how these factors might affect stability of the placement. Analysis of these factors would seem to be at the heart of making decisions about plans for future contact. Consequently I formulated a draft research question, that I thought might address these issues. **"What should determine the recommended contact levels between special guardianship children and their birth parents?"** I am satisfied that research around this subject would centre me in special guardianship support services, and in particular in the issue of contact between children and birth parents, which is the area I wish to develop my work in.
3/5/15	Through my professional role in special guardianship, I am aware of some of the issues that need to be considered when deciding on future contact. In order to put these on paper, I decided to draw an ecomap based on my research question. This included all the areas and issues that might need to be considered in the recommendation making process.

QUESTION:

What should determine the recommended contact levels between Special Guardianship children and their birth parents?



Date	Critical thinking	Search term & limiters	Results
4/5/15	I now want to tailor my searches to my question. After 'special guardianship', the most significant word in my question is 'contact'. I used this as my starting point. I decided to date limit my search to the last 25 years.	**Contact** Field: Title Dates: Jan 1990 - May 2015 Language: English Academic journals	287,400 too many to check
	This generated results in other fields such as physics and medicine. I decided to try combining 'contact' with other search terms.	**Contact** plus **Decision*** Field: Title Dates: Jan 1990 - May 2015 Language: English Academic journals	164 3 of some interest
	As this search only generated 164 results, I decided to expand my search criteria by looking at abstracts.	**Contact** plus **Decision*** Field: Abstract Dates: Jan 1990 - May 2015 Language: English Academic journals	11,338 too many to check
	This search generated too many results. I decided to try a compromise, by searching under subject terms.	**Contact** plus **Decision*** Field: Subject terms Dates: Jan 1990 - May 2015 Language: English Academic journals	331 2 of some interest

The three articles of interest that I found when searching under 'titles', did not come up when I searched under 'subject terms'. If I had restricted my search to 'search terms' only, then I would have missed these three papers. I therefore think I need to use combinations of search terms to search the fields of 'title' and 'subject terms'. I also intend to continue searching within the same dates (Jan 1990 to present), and only searching academic papers, in English.

Using the search term 'Contact' on its own generates too many irrelevant results. However there are several other search terms that I could combine it with, that may yield more focused and useful results. I drew up a list of as many relevant terms as I could think of:
kinship, family, parent, mother, father, child, children, birth, foster, adopt, adoption, permanence, recommendations, levels, consideration, relatives, social worker, difficulties, problems, attitudes, deciding, determining.

Date	Search terms	Field	Results	
8/5/15	**Contact** plus **kinship**	Title	21	6 new papers of interest
		Subject Terms	42	4 new papers of interest
9/5/15	**Contact** plus **famil***	Title	1553	11 papers of interest
		Subject Terms	1786	13 papers of interest

Date	Search terms	Field	Results	
10/5/15	**Contact** plus **parent***	Title	1727	6 papers of interest
		Subject Terms	836	2 papers of interest
16/5/15	**Contact** plus **mother***	Title	781	1 paper of interest
		Subject Terms	756	5 papers of interest
16/5/15	**Contact** plus **father***	Title	359	3 papers of interest
		Subject Terms	241	2 papers of interest
19/5/15	**Contact** plus **child***	Title	4721	7 papers of interest
		Subject Terms	7857	13 papers of interest
24/5/15	**Contact** plus **birth***	Title	505	2 papers of interest
		Subject Terms	475	7 papers of interest
21/5/15	**Contact** plus **relative***	Title	711	0 papers of interest
		Subject Terms	493	1 paper of interest
16/5/15	**Contact** plus **foster***	Title	44	3 papers of interest
		Subject Terms	74	2 papers of interest
17/5/15	**Contact** plus **adopt***	Title	559	1 paper of interest
		Subject Terms	458	1 paper of interest
17/5/15	**Contact** plus **permanen***	Title	246	1 paper of interest
		Subject Terms	210	1 paper of interest
22/5/15	**Contact** plus **"social work*"**	Title	25	0 papers of interest
		Subject Terms	189	1 paper of interest
17/5/15	**Contact** plus **recommend***	Title	222	0 papers of interest
		Subject Terms	142	0 papers of interest
17/5/15	**Contact** plus **level***	Title	1860	0 papers of interest
		Subject Terms	1240	0 papers of interest
19/5/15	**Contact** plus **consider***	Title	1126	0 papers of interest

Where I considered that my search using the field 'Title' had resulted in either no results, or very poor or irrelevant results, I decided not to also search under 'Subject Terms'.

Date	Search terms	Field	Results	
24/5/15	**Contact** plus **difficult***	Title	200	0 papers of interest
		Subject Terms	39	0 papers of interest
24/5/15	**Contact** plus **problem***	Title	8069	Decided not to review

An brief review of the 8069 results for 'Contact' plus 'Problem' suggested papers covering many different fields, and not focused on my field. I decided not to proceed with reviewing these results.

24/5/15	**Contact** plus **attitude***	Title	1949	1 paper of interest

These results covered many fields that were not relevant, and the search was obviously not focused enough. I decided not to proceed with searching under 'Search Terms'.

24/5/15	**Contact** plus **determin***	Title	3775	

A brief review of these results revealed many results using the word 'Determination' in the fields of physics and chemistry. I decided to exclude this word, in order to better focus the results.

24/5/15	**Contact** plus **determin*** but not **determination**	Title	1632	0 papers of interest
		Subject Terms	295	0 papers of interest

When I reviewed the search terms that I have used so far, I noticed that my use of 'Decision' would preclude variations such as 'decide' or 'deciding'. I therefore re-ran the search terms 'Contact' plus 'Decid*'

24/5/15	**Contact** plus **decid***	Title	14	0 papers of interest
		Subject Terms	6	0 papers of interest
26/5/15	**Contact** plus **infant***	Title	1169	1 paper of interest
		Subject Terms	2860	0 papers of interest
26/5/15	**Contact** plus **sibling**	Title	32	1 paper of interest
		Subject Terms	45	1 paper of interest
27/5/15	**Contact** plus **youth**	Title	277	0 papers of interest
		Subject Terms	147	0 papers of interest
27/5/15	**Contact** plus **grandparent***	Title	35	1 paper of interest
		Subject Terms	76	0 papers of interest
27/5/15	**Contact** plus **adolescent***	Title	899	1 paper of interest
		Subject Terms	6410	decided not to review
27/5/15	**Contact** plus **biological**	Title	533	0 papers of interest
		Subject Terms	1867	decided not to review
27/5/15	**Contact** plus **carer***	Title	17	0 papers of interest
		Subject Terms	14	0 papers of interest

Date	Search terms	Field	Results	
27/5/15	**Contact** plus **caregiver***	Title	22	0 papers of interest
		Subject Terms	102	0 papers of interest
27/5/15	**Contact** plus **toddler***	Title	12	0 papers of interest
		Subject Terms	16	0 papers of interest
27/5/15	**Contact** plus **disabled**	Title	21	0 papers of interest
		Subject Terms	91	0 papers of interest
28/5/15	**Contact** plus **disabilit***	Title	550	0 papers of interest
		Subject Terms	458	0 papers of interest
28/5/15	**Contact** plus **professional***	Title	529	0 papers of interest
		Subject Terms	870	0 papers of interest
28/5/15	**Contact** plus **"local authorit*"**	Title	6	0 papers of interest
		Subject Terms	2	0 papers of interest
28/5/15	**Contact** plus **legal**	Title	48	0 papers of interest
		Subject Terms	364	0 papers of interest
28/5/15	**Contact** plus **"looked after child*"**	Title	3	0 papers of interest
		Subject Terms	6	0 papers of interest
28/5/15	**Contact** plus **supervised**	Title	12	1 paper of interest
		Subject Terms	10	0 papers of interest
28/5/15	**Contact** plus **safeguard***	Title	6	1 paper of interest
		Subject Terms	1	0 papers of interest
28/5/15	**Contact** plus **support***	Title	1287	0 papers of interest
		Subject Terms	1001	decided not to review
29/5/15	**Contact** plus **outcome***	Title	834	0 papers of interest
		Subject Terms	1945	decided not to review
29/5/15	**Contact** plus **disruption***	Title	39	0 papers of interest
		Subject Terms	70	0 papers of interest
29/5/15	**Contact** plus **frequency**	Title	1760	0 papers of interest
		Subject Terms	1469	decided not to review

Date	Search terms	Field	Results	
29/5/15	**Contact** plus **conflict***	Title	278	0 papers of interest
		Subject Terms	428	decided not to review
29/5/15	**Contact** plus **planning**	Title	150	0 papers of interest
		Subject Terms	297	0 papers of interest
30/5/15	**Contact** plus **separation**	Title	582	2 papers of interest
		Subject Terms	937	3 papers of interest
30/5/15	**Contact** plus **manag***	Title	1819	2 papers of interest
		Subject Terms	1805	0 papers of interest
30/5/15	**Contact** plus **"how much"**	Title	15	0 papers of interest
		Subject Terms	0	0 papers of interest
30/5/15	**Contact** plus **"how often"**	Title	10	0 papers of interest
		Subject Terms	0	0 papers of interest

I think that I have now covered all of the relevant search terms that can be added to the word 'contact'.
I have also been collecting individual phrases that are commonly used in this subject, and I ran a search on each of these.

30/5/15	**"contact order*"**	Title	205	2 papers of interest
		Subject Terms	423	0 papers of interest
30/5/15	**"contact dispute*"**	Title	14	3 papers of interest
		Subject Terms	5	0 papers of interest
30/5/15	**"contact visit*"**	Title	7	0 papers of interest
		Subject Terms	2	0 papers of interest
30/5/15	**"contact stability"**	Title	30	0 papers of interest
		Subject Terms	11	0 papers of interest
30/5/15	**"face to face contact"**	Title	39	0 papers of interest
		Subject Terms	24	0 papers of interest
30/5/15	**"looked after by family"**	Title	0	0 papers of interest
		Subject Terms	0	0 papers of interest
30/5/15	**"social worker attitudes"**	Title	5	0 papers of interest
		Subject Terms	582	3 papers of interest

Date	Search terms	Field	Results	
31/5/15	**"kinship care"**	Title	1299	29 papers of interest
6/6/15		Subject Terms	1522	20 papers of interest
7/6/15	**"family and friends care"**	Title	0	
		Subject Terms	0	
7/6/15	**"birth parent*"**	Title	369	5 papers of interest
		Subject Terms	166	1 paper of interest
7/6/15	**"birth famil*"**	Title	168	0 papers of interest
		Subject Terms	68	0 papers of interest
7/6/15	**"birth mother*"**	Title	291	0 papers of interest
		Subject Terms	105	0 papers of interest
7/6/15	**"birth father*"**	Title	20	2 papers of interest
		Subject Terms	12	0 papers of interest

This concluded my search using Discovery.

The Scopus database

It was suggested to me by the university librarian, that it might be useful to conduct a separate search of the Scopus database. Scopus is included within Discovery. However it has a number of search features that can be utilised when it is accessed directly. It is one of the main databases for social science peer-reviewed journals. So I conducted a search of Scopus on its own.

20/6/15	**"special guardianship"**	Article title, abstract and keywords	1	0 papers of interest
20/6/15	**contact**	All fields	131,437	

By limiting this search by Subject Area (Social Sciences and Psychology), Year Published (1990 to present), Document Type (Articles), Language (English), Source Type (Journals), and Source Titles (only those journals covering social science and psychology), I was able to reduce the number of results to a more manageable 255. These were reviewed.

20/6/15	**contact**	Field as detailed above	255	3 papers of related interest
20/6/15	**"kinship care"**	Subject area: Social Science & Psychology. Document type: Article	94	0 papers of interest

Scopus did not generate relevant new articles, so I did not continue. However I did use it to search for Grey Literature, under 'View Secondary Documents'. Using 'Contact' as a search term generated 3 results.

20/6/15	Under 'grey literature'	
	"special guardianship"	0
	"contact"	0

The EThOS database

EThOS is a database of over 400,000 doctoral theses, which my previous searches of published material may not have found. I did a number of searches using the most relevant and productive search terms from my previous searches.

Date	**Search terms**	**Field**	**Results**	
20/5/15	**"special guardianship"**	All	0	0 papers of interest
20/5/15	**contact**	All	4217	

This was too many results to review. EThOS does not have the same tools for refining combinations of search terms that I had used with Discovery. However I did not want to discard the results for searching under 'contact'. So I decided to review the first 1000 results. This generated 5 papers of related interest. However as I progressed through the 1000 results, the papers became less and less relevant. I decided not to persevere beyond searching the initial 1000.

20/5/15	**contact**	All	First 1000	6 of interest
20/5/15	**"kinship care"**	All	5	0 papers of interest
20/5/15	**"birth mother"**	All	9	0 papers of interest
20/5/15	**"birth family"**	All	16	0 papers of interest

As I used less relevant search terms, I ceased to get any results. I decided not to continue with EThOS.

Google Scholar

As another potential source of research, Google Scholar was searched. This is not a database, but a 'front end' for searching, similar to Discovery. Using the term 'special guardianship' generated 58,500 results. The first 100 were reviewed. Their relevance to special guardianship declined quickly, so I did not continue beyond the first 100 reviewed. These 100 generated 4 books of interest, but no new research papers.

Date	Search terms	Results	
21/6/15	**"special guardianship"**	58,500	1 book of interest, not previously identified
21/6/15	**"family contact"**	13,400	First 100 reviewed only No new papers of interest Results not relevant enough
21/6/15	**"birth family contact"**	275	3 new papers of interest 3 theses of interest
21/6/15	**"kinship care"**	9,520	First 100 reviewed only Only 1 paper of related interest
21/6/15	**"child contact"**	8,930	First 100 reviewed only Only 1 paper of related interest
21/6/15	**"birth mother"**	20,400	First 100 reviewed only 0 new papers of interest
21/6/15	**"birth family"**	14,200	First 100 reviewed only 0 new papers of interest

UK Government publications

I also did a search of government publications, which was undertaken at the website:

www.gov.uk/government/publications

Date	Search terms		Results	
25/6/15	**"special guardianship"**		2,829	2 of interest, although already known
25/6/15	**contact**	topic - social care	18	1 of interest
		topic - children & young people	175	12 of related interest
		topic - local government	34	0 of interest
29/6/15	**"kinship care"**	topic - social care	367	0 of interest
		topic - children & young people	332	0 of interest
		topic - local government	57	0 of interest
29/6/15	**"birth mother"**	topic - social care	16	0 of interest
		topic - children & young people	49	0 of interest
		topic - local government	2	0 of interest
29/6/15	**"birth family"**	topic - social care	93	2 of interest
		topic - children & young people	337	1 of interest
		topic - local government	14	0 of interest

NGO databases

There are a number of NGOs involved in children's services, who have literature on their websites. The ones I decided to search were Barnardo's, BAFF, The Family Rights Group and the NSPCC. Some of these can be searched using a keyword.

Barnardo's literature

The Barnardo's website for research and publications was searched at:
http://www.barnardos.org.uk/what_we_do/policy_research_unit/research_and_publications.htm

Date	Search terms	Results	
28/6/15	**"special guardianship"**	0	0 of interest
28/6/15	**contact**	6	0 of interest
28/6/15	**"kinship care"**	0	0 of interest
28/6/15	**"birth mother"**	0	0 of interest
28/6/15	**"birth family"**	0	0 of interest

BAFF literature

The BAFF website was searched at:
http://www.baaf.org.uk/
There are no research papers available on this website, but it has a range of books for sale. Two books were identified as useful, and purchased:
Adams, P. (2012) 'Planning for contact in permanent placements'
Bond, H. (2007) 'Ten top tips for managing contact'

Date	Search terms	Results
29/6/15	The whole book list was reviewed	2 books of interest

The Family Rights Group (FRG) literature

The Family Rights Group website was searched at:
http://www.frg.org.uk/need-help-or-advice/advice-sheets
This yielded a range of 23 fact sheets on subjects related to children in care.
6 Fact sheets on special guardianship, kinship care and contact were chosen as relevant, and downloaded.

Date	Search terms	Results	
29/6/15	All the FRG factsheets were reviewed.	23	6 factsheets of interest

NSPCC literature

The NSPCC website services and resources library catalogue was searched at:
http://www.nspcc.org.uk/services-and-resources/research-and-resources/search-library/
This produced a total of 24 new papers of interest.

Date	Search terms	Results	
28/6/15	**"special guardianship"**	32	7 of interest
28/6/15	**contact**	1104	Too many to review
28/6/15	**contact** - Fields = 'In Title' and 'Articles'	243	14 of interest
29/6/15	**"kinship care"** - 'In Title' and 'Articles'	47	3 of interest
29/6/15	**"birth mother"** - 'In Title' and 'Articles'	1	0 of interest
29/6/15	**"birth family"** - 'In Title' and 'Articles'	1	0 of interest

Some of the articles found on the NSPCC website were not available to download. Using author and article title details, it was necessary to locate them through other sources.

Additional search terms

As my thinking on my research question has developed, I have come to realise that I not only need to address the professional factors influencing social workers' decisions about contact levels, but also the decision making process itself. In particular from a personal, cognitive and emotional point of view. I therefore decided to add a further area to my search covering social worker decision making. I decided to use the term 'social worker' to identify the decision maker, and then I added as many relevant phrases as I thought appropriate.

I used the same search limits as before:
Field: Title, Dates: Jan 1990 - August 2015. Language: English, and only Academic Journals.

Date	Search terms	Results	
27/7/15	**"social work*"** plus **decision***	584	5 of interest
27/7/15	**"social work*"** plus **decid***	5	0 of interest
27/7/15	**"social work*"** plus **recommend***	26	0 of interest
27/7/15	**"social work*"** plus **consider***	344	0 of interest
27/7/15	**"social work*"** plus **planning***	48	0 of interest
27/7/15	**"social work*"** plus **permanen***	7	0 of interest
27/7/15	**"social work*"** plus **determin***	31	0 of interest
27/7/15	**"social work*"** plus **assessment**	949	3 of interest
27/7/15	**"social work*"** plus **"critical thinking"**	13	1 of interest
27/7/15	**"social work*"** plus **reflection**	786	0 of interest
27/7/15	**"social work*"** plus **reflective**	286	0 of interest

I wondered if substituting the search terms 'professional' and 'practitioner' for the decision maker would yield any additional results. But it did not, so I did not pursue this course.

27/7/15	**professional*** plus **social** plus **decision***	28	0 of interest
27/7/15	**practitioner*** plus **social** plus **decision***	4	0 of interest
27/7/15	**professional*** plus **social** plus **recommend***	1	0 of interest
27/7/15	**practitioner*** plus **social** plus **recommend***	1	0 of interest

Categorising of search results

Approximately 277 papers were identified and printed off. Their abstracts were read carefully to confirm whether they were still of interest, and relevant to my research question. Considering the number of relevant papers, I felt able to discard approximately 75 of the papers as not being of sufficient relevance, thus leaving 202 papers.

These 202 were read in full, and the decision was made to set aside 91 of them as background papers only. This left a final total of **111 papers**, identified by my literature search.

These were divided into Very High, High, Medium and Low interest, depending on how reliable their research methods and methodology were, how relevant I felt they were to my study, how useful their content appeared to be, and how 'transferable' their findings were.

I also categorised the papers according to the subject area they covered.

Relevance and interest

Very High	25
High	19
Medium	54
Low	13
Total	111

Subject Area

Contact	42
Kinship Care	31
Social Work	20
Special Guardianship	18
Total	111

In addition to the above, approximately 12 government reports were considered.

As the project progressed, reference harvesting produced approximately 40 papers and books that were of interest for background information.

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Appendix 2 Questionnaire information sheet

SPECIAL GUARDIANSHIP

QUESTIONNAIRE

INFORMATION SHEET

"Current policy and practice for social workers on planning contact between special guardianship children and their birth parents"

Thank you for considering participating in this research.

This information sheet explains what the research is about and what its aims are. It also explains how you can become involved as a research interviewee, and how your interests will be safeguarded.

What is the research about?

This study focuses on social work in special guardianship, and in particular the recommending of birth parent contact. My aim is to gather as much useful data as possible about the ways that social workers plan and recommend contact in the reports they write for court. It should be stressed that the research questions are not concerned with the quality of interviewees' practice, but the process practitioners go through to arrive at their recommendations on contact. The intention is to build a better understanding of how decisions are made that affect the most important relationships of thousands of children every year, and the stability of the special guardianship placements they live in.

Who is conducting the research?

This research is being supervised and sponsored by the Institute of Applied Social Research (IASR), at the University of Bedfordshire. I work for a local authority as a social worker in special guardianship. However, I am working independently on this research, and the study is privately funded.

How will it work?

149 local authorities across England have been invited to participate in this research. So far 56 have agreed to take part, and if you have been sent this information sheet, then your local authority is one of them. If you are a social worker who works on special guardianship cases AND makes recommendations on future birth parent contact (as part of the assessment, or part of your care plan) then I would like you to complete my questionnaire.

The questionnaire itself is online, and there is a web link to it at the end of this information sheet. Either click on the link, or copy and paste the web address into your browser. The link to the questionnaire is open now, and will **close at the end of April.**

The questionnaire is completely anonymous, and no individual or local authority will be named or identified in the research findings. If any names are accidently entered into the questionnaire, I will remove them. The questionnaire should take you about 30 minutes to complete.

How will the research will be used?

The data gathered from the research will be used to produce a thesis, which will be published in February 2018. An edited summary of the research findings will be supplied to every local authority (via team managers) that has taken part and contributed to the research. Copies of the summary will also be available on request directly from the researcher. I also hope to conduct a few workshops on the research findings.

Protecting the participants

- Protecting and safeguarding the wellbeing of all participants remains the priority of this project throughout.
- Nicholas Thompson has been DBS checked and cleared.
- The research has been approved by the IASR Ethics Committee and the University of Bedfordshire Research Ethics Committee.
- No interviewees or local authorities who take part in this research will be identified by name in any reports produced from this project.
- Interviewees will not be contacted directly by the researcher. Access to the questionnaire will be passed on to interviewees via their team manager or a designated colleague.
- Participation is completely voluntary. If any social workers do not wish to participate, or decide that they wish to withdraw after starting the survey, this will not be divulged to their manager or their local authority.
- It is not envisaged that the questionnaire will raise any difficult or sensitive emotional issues for interviewees, however if this were to happen the researcher feels that the best way of dealing with this would be as part of regular social worker supervision. If any interviewee wishes to contact the researcher directly, this can be done in the first instance by email.
- The questionnaires will be completed online using Qualtrics software. Although no online software is completely secure, the questionnaires will not contain any information that will allow identification of those taking part. After April, the data will be taken offline and kept securely.
- When starting the questionnaires, interviewees will be asked to click on a box signifying they give informed consent, and agree to participate under the terms outlined.
  Once the questionnaire has been submitted it will not be possible for participants to withdraw consent, as it will not be possible to identify individual questionnaires.

Disclosures

No participant will be identified on the questionnaire by name, however there are some limits to confidentiality. If at any stage of the research process, any individual were to disclose serious harm to themselves or another, or certain illegal activity, their details may need to be disclosed to appropriate other parties. As participants will all be practicing social workers, they will be familiar with these limits to confidentiality.

Accessibility

Efforts will be made to ensure that all special guardianship social workers who wish to participate with the questionnaire are able to do so. Larger type is available for those with visual impairment, by using View -> Zoom In, on your computer. This questionnaire will close at the end of April.

Complaints

You may contact the researcher's supervisor, Mike Fisher, who is a director of the Institute of Applied Social Research (IASR), University of Bedfordshire, if you wish to make a complaint relating to your involvement in this research. Email: **mike.fisher@beds.ac.uk**

Further information and next steps

Further information on this project, can be obtained from the colleague who forwarded you this email.

Web link to the questionnaire (please click on link or copy and paste into your address bar)

https://qlite.az1.qualtrics.com/SE/?SID=SV_cGBRV36W3iG0CjP

Researcher: nicholas.thompson1@study.beds.ac.uk

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THANK YOU to all fellow special guardianship social workers for your help. It is very much appreciated.

Appendix 3 Questionnaire consent form

QUESTIONNAIRE consent form

Research title: ***"Current policy and practice for social workers on planning contact between special guardianship children and their birth parents"***

Researcher's name: **Nicholas Thompson (University of Bedfordshire)**

Supervisor's name: **Mike Fisher (University of Bedfordshire)**

• I have read the participant's Information Sheet which explains the nature and purpose of the research project. I understand the purpose of the research project and my involvement in it.

• I understand that I may withdraw from the research project at any stage without prejudice and that no information regarding my withdrawal will be shared with anyone outside the research team.

• I understand that I will not be able to withdraw consent for the information I have provided to be used in the research once I have submitted the questionnaire, as it will not be possible to identify which questionnaire I submitted.

• I understand that while information gained during the study may be published, neither myself nor the local authority I work for will be identified, and my personal data will remain strictly confidential.

• I understand that data from the questionnaire, which will not identify me by name, will be stored securely under lock and key. The above named researcher and his supervisors will be the only people with access to this data.

• I understand that all information provided by research participants will be retained for 12 months after the successful award of the Professional Doctorate, as the researcher may wish to work on data for subsequent publication. After this time it will be destroyed.

• I understand that I may contact the researcher or supervisor for further information about the research, and that I may contact the supervisor, who is a director of the Institute of Applied Social Research (IASR), University of Bedfordshire, if I wish to make a complaint relating to my involvement in the research.

• A copy of this form should be printed off and kept by those undertaking the questionnaire.

• Ticking of the box below will be taken as agreed consent for the researcher to use the data submitted to the questionnaire.

☐ I understand and agree to take part. Date .....

Contact details

Researcher: nicholas.thompson1@study.beds.ac.uk
Supervisor: mike.fisher@beds.ac.uk

Tilda Goldberg Centre, University Square, Luton, Bedfordshire LU1 3JU

Appendix 4 Questionnaire

Preferably choose your most recent case.

Please answer the questions, as they relate to that particular case.
Where your case involves more than one child, answer ONLY for the eldest child.

Section 1 The child and the special guardian

Q1. **What was your final recommendation on the special guardianship applicants?**

Positive ○ Negative ○ Neither ○

Q2. **How many children did this case involve?**

[ ]

. IMPORTANT
Where your case involved more than one child,
please answer all the following questions in relation to the eldest child only.

Q3. **How old was the child concerned, when the SGO was granted?**

[ ]

Q4. **If the special guardian is related to the child, please specify how?**

- ○ Grandparent
- ○ Sibling
- ○ Aunt or uncle
- ○ None of the above (please specify) _____
- ○ Cousin
- ○ Other relative
- ○ Friend of the family

Q5. **What was the child's need code at first entry into care?**

- ○ Abuse or neglect
- ○ Child's disability
- ○ Parental illness/disability
- ○ Family dysfunction
- ○ Other (please specify) _____
- ○ Child's behaviour
- ○ Low income
- ○ Family stress
- ○ Absent parent
- ○ Not known

Q6. **What was the ethnic origin of the child?**

- ○ White/White British
- ○ Black/African/Caribbean/Black British
- ○ Asian/Asian British
- ○ Mixed/Multiple Ethnic Groups
- ○ _____ Other Ethnic Groups (please specify)

Q7. **What was the child's legal status, prior to the SGO?**

- ☐ Full Care Order
- ☐ Interim Care Order
- ☐ Voluntary series of linked episodes
- ☐ Assessment Order

- [ ] Voluntary accommodation
- [ ] Freeing/Placement Order
- [ ] Child Arrangements Order
- [ ] Not recorded
- [ ] Supervision Order
- [ ] Emergency Protection Order
- [ ] Police Protection

Q8. **What was the child's final placement prior to the SGO?**

- ○ With parents
- ○ With family or friends
- ○ Other (please specify)
- ○ In foster care
- ○ In residential care

Section 2 The recommendations you made

Did you make a recommendation on the following contact arrangements.

Q9. **Birth mother - frequency of contact**

eg: once a week, monthly plus birthdays, twice yearly, variable,

- ○ No
- ○ Yes (what was your recommendation?)

Q10. **Birth mother - duration of contact**

eg: 2 hours each session, or to be decided by the special guardian,

- ○ No
- ○ Yes (what was your recommendation?)

Q11. **Birth mother - specific venues**

eg: at home, in a contact centre, in the community,

- ○ No
- ○ Yes (what was your recommendation?)

Q12. **Birth father - frequency of contact**

eg: once a week, monthly plus birthdays, twice yearly, variable,

- ○ No
- ○ Yes (what was your recommendation?)

Q13. **Birth father - duration of contact**

eg: 2 hours each session, or to be decided by the special guardian

- ○ No
- ○ Yes (what was your recommendation?)

Q14. **Birth father - specific venues**

eg: at home, in a contact centre, in the community,

- ○ No
- ○ Yes (what was your recommendation?)

Q15. **Particular types of contact**

eg: face-to-face, supervised, telephone calls, overnight stays, Facebook, Skype,

- ○ No
- ○ Yes (what was your recommendation?)

Q16. **Other people who can attend contact with the birth parents**

eg: child's siblings, grandparents,

- ○ No
- ○ Yes (please specify which other people)

Q17. **Other people who can have contact separately from the birth parents**

eg: child's siblings, grandparents,

- ○ No
- ○ Yes (please specify which other people)

Q18. **Any planned variations to contact arrangements in the future**

eg: review after 12 months, or increase/decrease in specific circumstances,

- ○ No
- ○ Yes (what were the plans?)

Q19. **Any other recommendations you made regarding contact**

eg: please specify what they were

Q20. **Any specific support for contact provided by your local authority?**

eg: mediation, contact venues, taxi fares, financial help, counselling,

Q21. **Did you ask for directions on future contact to be included in a Child Arrangements Order, or to be attached to the SGO?**

- ○ No (what was your main reason why not?)

- ○ Yes (what was your main reason for this?)

Q22. **Did you ask for a Supervision Order, to be attached to the SGO?**

- ○ No
- ○ Yes (what was your main reason for this?)

Q23. **Did you use a voluntary contact agreement between the special guardian(s) and the parent(s)?**

ie: a written agreement on what contact arrangements there would be

- ○ No
- ○ Yes

Q24. **Have you ever used a voluntary contact agreement before?**

- ○ No
- ○ Yes

Q25. **Was an SGO granted in this case?**

Where the case involved more than one child, please answer for the eldest child only.

- ○ **No**
- ○ **Yes**

Q26.

If an SGO was granted, did any court order include any directions on contact?

Please only include instructions written into an Order.

i.e. do not count verbal opinions given in court.

- ○ **No**
- ○ **Yes (please specify what they were)**

.

Section 3 The factors that led to your decisions

Please provide answers, ONLY in relation to the specific case and specific child you have chosen.

Please rate how IMPORTANT the following issues were to you, in arriving at your decisions on contact.

Please tick the appropriate boxes.

Please answer all the questions.

Q27. The birth parents

	Not at all important	1	2	3	4	5	6	7	8	9	Very important
The quality of the birth parents' relationship with the child prior to removal.	○	○	○	○	○	○	○	○	○	○	○
The quality of the birth parents' contact since the child was removed.	○	○	○	○	○	○	○	○	○	○	○
The reliability of the parents in attending contact since the child was removed.	○	○	○	○	○	○	○	○	○	○	○
The reason for the child's removal from the parents.	○	○	○	○	○	○	○	○	○	○	○

	Not at all important	1	2	3	4	5	6	7	8	9	Very important
Consideration of whether the parents' problems are	○	○	○	○	○	○	○	○	○	○	○

ongoing.

	Not at all important	1	2	3	4	5	6	7	8	9	Very important
Analysis of any ongoing risk to the child posed by the parents.	○	○	○	○	○	○	○	○	○	○	○
Consideration of different contact levels for mother and father, for any reason.	○	○	○	○	○	○	○	○	○	○	○
Consideration of different contact levels for mother and father, because of which side of the family the special guardian comes from.	○	○	○	○	○	○	○	○	○	○	○

Q28. The child

	Not at all important	1	2	3	4	5	6	7	8	9	Very important
The wishes of the child.	○	○	○	○	○	○	○	○	○	○	○
The best interests of the child (not necessarily the same as the child's wishes).	○	○	○	○	○	○	○	○	○	○	○

Consideration of the child's age and development.	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Q29. The special guardian

	Not at all important	1	2	3	4	5	6	7	8	9	Very important
The connection between the special guardian and the birth parents (i.e. parents, siblings, etc).	○	○	○	○	○	○	○	○	○	○	○
The quality of the relationship between the special guardian and the birth parents.	○	○	○	○	○	○	○	○	○	○	○
Your perception of the special guardian's ability to 'manage' the birth parents and contact.	○	○	○	○	○	○	○	○	○	○	○

	Not at all important	1	2	3	4	5	6	7	8	9	Very important
Any perceived risk to the											

special guardian posed by the birth parents.	○	○	○	○	○	○	○	○	○	○	○
Whether the special guardian's home will be used as a venue for contact.	○	○	○	○	○	○	○	○	○	○	○
Whether the birth parents live close to the special guardian's home.	○	○	○	○	○	○	○	○	○	○	○

Q30. Other issues

	Not at all important	1	2	3	4	5	6	7	8	9	Very important
The effect that contact may have on the stability of the placement.	○	○	○	○	○	○	○	○	○	○	○
The special guardian's views and wishes on contact.	○	○	○	○	○	○	○	○	○	○	○
The birth parents' views and wishes on contact.	○	○	○	○	○	○	○	○	○	○	○
The views and											

	Not at all important	1	2	3	4	5	6	7	8	9	Very important
opinions on future contact expressed on this case by your manager.	○	○	○	○	○	○	○	○	○	○	○
The views and opinions on future contact expressed on this case by your colleagues.	○	○	○	○	○	○	○	○	○	○	○
Consideration of local authority or government policy or guidelines.	○	○	○	○	○	○	○	○	○	○	○
Consideration of research findings.	○	○	○	○	○	○	○	○	○	○	○

Q31.

Any other factors that you consider particularly relevant..

please specify them, and rate how important they are

	Not at all important	1	2	3	4	5	6	7
1.	○	○	○	○	○	○	○	○

2.

3.

Q32. **When deciding on future contact in this case, which of the above factors were the 3 most important to you?**

please indicate the three, in order of importance

- 1st
- 2nd
- 3rd

Section 4 About yourself

Q33. **What is your gender?**

- Female

- ○ Male
- ○ Neither
- ○ Prefer not to say

Q34. **What is your age?**

move to the next question, if you prefer not to answer

20 25 30 35 40 45 50 55 60 65 70

Click to write Choice 1

Q35. **What is your ethnicity?**

- ○ White/White British
- ○ Black/African/Caribbean/Black British
- ○ Asian/Asian British
- ○ Mixed/Multiple Ethnic Groups
- ○ [ ] Other Ethnic Group (please specify)
- ○ Prefer not to say

Q36. **Approximately how many years have you been practicing as a social worker?**

do not count any years when you were not working

0 5 10 15 20 25 30 35 40 45 50

Use slider

Q37. **Approximately how many special guardianship assessments have you completed in the last 12 months?**

please include all assessments, whether positive or negative, and whether or not they ended in an SGO

0 4 8 12 16 20

Use slider

.

Section 5 Your own personal views

These questions are about your general views on special guardianship, rather than any particular single case.

Q38. **Out of all the special guardianship cases you have worked on, where you have made a positive recommendation of the applicant, in approximately what proportion do you think some level of contact between the child and their birth mother was a positive thing.**

Never a positive thing Always a positive thing

0 10 20 30 40 50 60 70 80 90 100

Use slider

Q39. **and some level of contact between the child and their birth father was a positive thing.**

Never a positive thing Always a positive thing

0 10 20 30 40 50 60 70 80 90 100

Use slider

Q40. **What is the level of contact that you have recommended most often?**

eg: once a week, once a month, once every 3 months,

Q41. **What is the highest level of contact you have recommended for a birth mother?**

eg: once a week, once a month, once every 3 months,

Q42. **What is the highest level of contact you have recommended for a birth father?**

eg: three times a week, twice a month,

Q43. **In a hypothetical situation, with a Special Guardian who is good at managing contact, and birth parents who appear likely to reliably attend contact, and who have good relations with the Special Guardian, what frequency of contact might you be considering:**

☐ for the birth mother - once every ...

☐ for the birth father - once every ...

☐ If unable to answer, please say why

Q44. **In what proportion of your SGO cases would you think future birth parent contact is likely to be particularly problematic**

Never problematic — Always problematic

0 10 20 30 40 50 60 70 80 90 100

Use slider

Q45. **What do you think is the biggest threat to the success of future birth parent contact in all the special guardianship cases you have worked on?**

Q46. **Do you prefer to recommend very specific and detailed contact arrangements or more general guidelines?**

Very specific recommendations — More general guidelines

0 10 20 30 40 50 60 70 80 90 100

Use slider

Q47. **Considering all of your special guardianship cases, how confident are you that you had enough information in order to make good contact**

recommendations?

Not very confident Very confident

0 10 20 30 40 50 60 70 80 90 100

Use slider

Q48. **How confident are you that in general your contact recommendations were the best that could have been made under the circumstances?**

Not very confident Very confident

0 10 20 30 40 50 60 70 80 90 100

Use slider

Q49. **If you were struggling to make a recommendation on birth parent contact, what would you do?**

please tick which options you would employ

- ☐ Discuss it with a colleague
- ☐ Discuss it in supervision
- ☐ Revisit the evidence
- ☐ Other strategies (please give example)

Q50. **In what proportion of your cases would you estimate that you discuss contact recommendations in supervision before reaching your final decision.**

Not very confident Very confident

0 10 20 30 40 50 60 70 80 90 100

Use slider

Q51. **Are there any other views or comments on these issues that you would like to add?**

. The questionnaire is now complete. Your participation is much appreciated.

You will now be directed to a page where you will see your answers. If you wish, you can save this page as a pdf and download it, to keep for your own reference.

Thank you for your help.

Nic Thompson.

Appendix 5 Information sheet for focus group social workers

RESEARCH PROJECT

INFORMATION SHEET *for social worker focus groups*

Research project title:

"Current policy and practice for social workers on planning contact between special guardianship children and their birth parents"

Thank you for considering participating in this research.

This information sheet explains what the research is about and what its aims are. It also explains how you can participate as a research interviewee, and how your interests will be safeguarded.

What is the research about?

This study focuses on social work in special guardianship, and in particular on how practitioners arrive at their recommendations for birth parent contact. The project concludes in February 2018, and over the next 12 months social workers will be asked to complete questionnaires and a small number of focus groups. The study aims to gather as much useful data as possible about the ways that social workers plan and recommend contact, in the special guardianship reports that they write for court.

The intention is to build a better understanding of how decisions are made that affect the most important relationships of thousands of children every year, and the stability of the special guardianship placements they live in.

This phase of the project involves asking a small number of local authority social workers who work on special guardianship assessments to participate in one of two small focus groups. It is envisaged that each will comprise about 4 or 5 practitioners. The groups will be held during the working day, in the social workers' own local authority premises, and are each scheduled to last for 60 minutes. At the start of the meeting the researcher will provide a brief outline of the research. Ethical considerations for the meeting, and use of a group contract will then be explained. A few notes about the composition of the group will be recorded. These will cover a gender breakdown of the group, the length of time group members have been working as social workers, and the approximate number of SGOs each social worker has undertaken in the previous year. There will be a chance for group members to ask questions, and they will then be asked to each sign a consent form allowing the information they provide to be used for the research.

The questioning part of the focus group will then commence, and should take a further 50 minutes.

It should be stressed that the research questions are not concerned with the quality of interviewees' practice, only the factors and criteria that different social workers take into consideration.

Who is conducting the research?

This research is being conducted by Nicholas Thompson at the Institute of Applied Social Research (IASR), University of Bedfordshire. The researcher has an MSc in social work, and works for Luton Borough Council, in special guardianship. However, the researcher is working independently. The study is privately funded, and is being conducted as part of a Professional Doctorate in Children and Young People's Services.

How the research will be used.

The data gathered from the research will be used to produce a thesis. This will be published in approximately February 2018. A copy will be available to anyone who has taken part and contributed to the research. An edited summary of the findings of the research will be published, and also distributed to managers of teams that have participated, in order for them to distribute to their social workers. Copies of the edited summary will be available on request from the researcher.

2

Protecting the welfare of participants.

- Protecting and safeguarding the wellbeing of all participants remains the priority of this project throughout.
- Nicholas Thompson has been DBS (Disclosure and Barring Service) checked and cleared.
- The research has been approved by the IASR Ethics Committee and the University of Bedfordshire Research Ethics Committee.
- No participants, interviewees or local authorities who take part in this research will be identified by name in any reports produced from this project.
- Following the focus groups, no interviewees will be contacted by the researcher again.
- Participation is completely voluntary. If any social workers do not wish to participate, or decide that they wish to withdraw from participation after starting, no details of this will be divulged to their manager or their local authority.
- It is not envisaged that the focus groups will raise any difficult or sensitive emotional issues for interviewees, however if this were to happen the researcher feels that the best way of dealing with this would be as part of regular social worker supervision. If any interviewee wishes to contact the researcher directly, this can be done in the first instance by email.
- The focus groups will be digitally recorded and transcribed by the researcher as soon as possible afterwards. Once transcribed, the original recordings will be erased. The recordings and transcriptions will be stored securely at all times. No names or identification of individuals or local authorities will be used on the transcriptions. All transcripts will be destroyed on completion of the research.
- If at the end of each focus group, any interviewee wishes to withdraw any of the statements they have made, this will be done and the statements will not be used.
- Focus groups will be held in the social workers' own local authority premises, so it is not envisaged that these meetings will involve any additional health and safety issues.
- Before starting the focus groups, participants will be asked to each sign individual informed consent forms agreeing to participate under the terms outlined on this information sheet. Participants can withdraw consent for the information they have provided to be used in the research, up to the point when the data has been incorporated in anonymized format into the research.

Disclosures

No participant will be identified by name, however there are some limits to confidentiality. If any interviewee were to disclose serious harm to themselves or another, or certain illegal activity, their details may need to be disclosed to appropriate other parties. As participants will all be practicing social workers, they will be familiar with these limits to confidentiality.

Accessibility

Efforts will be made to ensure that all social workers, in the local authorities chosen for focus groups, are able to attend if they wish. It is envisaged that the focus groups will be held at the premises of the individual local authorities, so attendance for social workers will be at their usual place of work. Dates, times and arrangements for staff to attend will be coordinated with the managers, who can identify any access problems or issues.

Complaints

You may contact the researcher's supervisor, Mike Fisher, who is a director of the Institute of Applied Social Research (IASR), University of Bedfordshire, if you wish to make a complaint relating to your involvement in this research. Email: mike.fisher@beds.ac.uk

Further information and next steps

Further information on this project, and when it can commence, can be obtained from your team managers.

Researcher: nicholas.thompson1@study.beds.ac.uk

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THANK YOU for your help. It is very much appreciated.

Appendix 6 Information sheet for focus group special guardians

RESEARCH PROJECT

INFORMATION SHEET *for special guardianship focus groups*

Research project title:

"Current policy and practice for social workers on planning contact between special guardianship children and their birth parents"

Thank you for considering participating in this research.

This information sheet explains what the research is about and what its aims are. It also explains how you can participate as a research interviewee, and how your interests will be safeguarded.

What is the research about?

This study focuses on social work in special guardianship, and in particular on how social workers arrive at their recommendations for birth parent contact. The project concludes in February 2018, and over the next 12 months social workers and special guardians will be asked to complete questionnaires and a small number of focus groups. The study aims to gather as much useful data as possible about the ways that social workers plan and recommend contact, in the special guardianship reports that they write for court.

The intention is to build a better understanding of how decisions are made that affect the most important relationships of thousands of children every year, and the stability of the special guardianship placements they live in.

This phase of the project involves asking a small number of special guardians to participate in one of two small focus groups. It is envisaged that each will comprise about 4 to 6 people. The groups will be held in the same premises that special guardians use for their support groups, and each focus group is scheduled to last for 60 minutes. It is envisaged that they will be held either before or after one of the regular support group meetings. At the start of the focus group the researcher will provide a brief outline of the research. Ethical considerations for the meeting, and use of a group contract will then be explained. A few notes about the composition of the group will be recorded. These will cover a gender breakdown of the group, the length of time group members have had their SGOs for, and the number and age of their SGO children. There will be a chance for group members to ask questions, and they will then be asked to each sign a consent form allowing the information they provide to be used for the research.

The questioning part of the focus group will then commence, and should take a further 50 minutes.

It should be stressed that the research questions are not concerned with the quality of interviewees' managing of contact, only the factors and criteria that go towards making recommendations on contact.

Who is conducting the research?

This research is being conducted by Nicholas Thompson at the Institute of Applied Social Research (IASR), University of Bedfordshire. The researcher has an MSc in social work, and works for Luton Borough Council, in special guardianship. However, the researcher is working independently, and the information participants share will not be discussed with their social workers. The study is privately funded, and is being conducted as part of a Professional Doctorate in Children and Young People's Services.

How the research will be used.

The data gathered from the research will be used to produce a thesis. This will be published in approximately February 2018. A copy will be available to anyone who has taken part and contributed to the research. An edited summary of the findings of the research will be published, and available on request from the researcher.

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Protecting the welfare of participants.

- Protecting and safeguarding the wellbeing of all participants remains the priority of this project throughout.
- Nicholas Thompson has been DBS (Disclosure and Barring Service) checked and cleared.
- The research has been approved by the IASR Ethics Committee and the University of Bedfordshire Research Ethics Committee.
- No participants, interviewees or local authorities who take part in this research will be identified by name in any reports produced from this project.
- Following the focus groups, no interviewees will be contacted by the researcher again.
- Participation is completely voluntary. If any special guardians do not wish to participate, or decide that they wish to withdraw from participation after starting, no details of this will be divulged to any other party.
- It is not envisaged that the focus groups will raise any difficult or sensitive emotional issues for interviewees, however if this were to happen interviewees may contact the researcher directly. This can be done in the first instance by email.
- The focus groups will be digitally recorded and transcribed by the researcher as soon as possible afterwards. Once transcribed, the original recordings will be erased. The recordings and transcriptions will be stored securely at all times. No names or identification of individuals or local authorities will be used on the transcriptions. All transcripts will be destroyed on completion of the research.
- If at the end of each focus group, any interviewee wishes to withdraw any of the statements they have made, this will be done and the statements will not be used.
- Focus groups will be held in the premises used by special guardians for their regular support group meetings, so it is not envisaged that these meetings will involve any additional health and safety issues.
- Before starting the focus groups, participants will be asked to each sign individual informed consent forms agreeing to participate under the terms outlined on this information sheet. Participants can withdraw consent for the information they have provided to be used in the research, up to the point when the data has been incorporated in anonymized format into the research.

Disclosures

No participant will be identified by name, however there are some limits to confidentiality. If any interviewee were to disclose serious harm to themselves or another, or certain illegal activity, their details may need to be disclosed to appropriate other parties. Further clarification of this can be obtained from the researcher if required, before either of the focus groups commence.

Accessibility

Efforts will be made to ensure that all special guardians chosen for focus groups, are able to attend if they wish. It is envisaged that the focus groups will be held at the same premises used for support groups, so attendance for special guardians should not present a problem. Dates, times and arrangements for attendance will be communicated by a social worker from the relevant local authority. They will help with any access problems or issues.

Complaints

You may contact the researcher's supervisor, Mike Fisher, who is a director of the Institute of Applied Social Research (IASR), University of Bedfordshire, if you wish to make a complaint relating to your involvement in this research. Email: mike.fisher@beds.ac.uk

Further information and next steps

Further information on this project, and when it can commence, can be obtained from your team managers.

Researcher: nicholas.thompson1@study.beds.ac.uk

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THANK YOU for your help. It is very much appreciated.

Appendix 7 Consent form for focus group social workers

FOCUS GROUP CONSENT FORM social workers

Research title: ***"Current policy and practice for social workers on planning contact between special guardianship children and their birth parents"***

Researcher's name: **Nicholas Thompson**
Supervisor's name: **Mike Fisher**

• I have read the participant's Information Sheet which explains the nature and purpose of the research project. I understand the purpose of the research project and my involvement in it.

• I understand that I may withdraw from the focus group at any stage without prejudice and that no information regarding my withdrawal will be shared with anyone outside the research team. I understand that at the end of the focus group, I can ask for any of the statements I have made to be removed from the record, and that these statements will not subsequently be used in any of the research. I understand that I can withdraw consent for the information I have provided to be used in the research, up to the point when the data has been incorporated in anonymized format into the research.

• I understand that while information gained during the study may be published, neither myself nor the local authority I work for will be identified, and my personal data will remain strictly confidential.

• I understand that if I take part in one of the focus groups I will be digitally audiotaped during the interview, and quotes from me, from which identifying detail has been removed, may be used anonymously in publications.

• I understand that data from the questionnaires, which will not identify me by name, will be stored securely under lock and key. The above named researcher and his supervisors will be the only people with access to this data.

• I understand that the digital audiotape will be kept by the researcher securely under lock and key. It will be transcribed by the researcher as soon as possible after the recording, and when this has been done the original recording will be destroyed. The transcript will not identify any local authority or individual by name. It will be kept securely under lock and key, and only the researcher and his supervisors will have access to it. All transcripts and information provided by research participants will be retained for 12 months after the successful award of the Professional Doctorate, as the researcher may wish to work on data for subsequent publication. After this time it will be destroyed.

• I understand that I may contact the researcher or supervisor for further information about the research, and that I may contact the supervisor, who is a director of the Institute of Applied Social Research (IASR), University of Bedfordshire, if I wish to make a complaint relating to my involvement in the research.

• A copy of this form, when it has been signed, should be kept by the focus group participants.

• I understand and agree to take part.

Signed …… *(research participant)*

Print name …… date .....

Signed …… *(Nicholas Thompson - researcher)*

Contact details
Researcher: nicholas.thompson1@study.beds.ac.uk
Supervisor: mike.fisher@beds.ac.uk
Tilda Goldberg Centre, University Square, Luton, Bedfordshire LU1 3JU

Appendix 8 Consent form for focus group special guardians

FOCUS GROUP CONSENT FORM special guardians

Research title: ***"Current policy and practice for social workers on planning contact between special guardianship children and their birth parents"***

Researcher's name: **Nicholas Thompson**
Supervisor's name: **Mike Fisher**

• I have read the participant's Information Sheet which explains the nature and purpose of the research project. I understand the purpose of the research project and my involvement in it.

• I understand that I may withdraw from the focus group at any stage without prejudice and that no information regarding my withdrawal will be shared with anyone outside the research team. I understand that at the end of the focus group, I can ask for any of the statements I have made to be removed from the record, and that these statements will not subsequently be used in any of the research. I understand that I can withdraw consent for the information I have provided to be used in the research, up to the point when the data has been incorporated in anonymized format into the research.

• I understand that while information gained during the study may be published, neither myself nor any local authority I have been involved with will be identified, and my personal data will remain strictly confidential.

• I understand that if I take part in one of the focus groups I will be digitally audiotaped during the interview, and quotes from me, from which identifying detail has been removed, may be used anonymously in publications.

• I understand that data from the questionnaires, which will not identify me by name, will be stored securely under lock and key. The above named researcher and his supervisors will be the only people with access to this data.

• I understand that the digital audiotape will be kept by the researcher securely under lock and key. It will be transcribed by the researcher as soon as possible after the recording, and when this has been done the original recording will be destroyed. The transcript will not identify any individual or local authority by name. It will be kept securely under lock and key, and only the researcher and his supervisors will have access to it. All transcripts and information provided by research participants will be retained for 12 months after the successful award of the Professional Doctorate, as the researcher may wish to work on data for subsequent publication. After this time it will be destroyed.

• I understand that I may contact the researcher or supervisor for further information about the research, and that I may contact the supervisor, who is a director of the Institute of Applied Social Research (IASR), University of Bedfordshire, if I wish to make a complaint relating to my involvement in the research.

• A copy of this form, when it has been signed, should be kept by the focus group participants.

• I understand and agree to take part.

Signed …… *(research participant)*

Print name …… date .....

Signed …… *(Nicholas Thompson - researcher)*

Contact details
Researcher: nicholas.thompson1@study.beds.ac.uk
Supervisor: mike.fisher@beds.ac.uk
Tilda Goldberg Centre, University Square, Luton, Bedfordshire LU1 3JU

Appendix 9 Script for social worker focus group

Date _____ ***Time*** _____ ***Venue*** _____

FOCUS GROUP SCRIPT social workers

INTRODUCTION *approx 10 mins*

a) Recap the main points of the information sheet.

b) Emphasise ethical considerations:

- interviewees to let me know if there is anything that they have said that they do not want included.
- explain that all LAs and interviewees involved with my research will be anonymous.

c) Suggest group rules or agreement: - confidentiality - respect for each other's views.
- other suggestions from the group?

d) Make a note of: - number of female ☐ and male ☐ interviewees,

- length of time interviewees have been qualified social workers, _____

- approximately how many SGOs each interviewee completed in previous 12 months. _____

e) Explain time constraints (50 mins) and need to hear views from all of the group equally.

f) "Does anyone have any questions?"

g) Signing of consent forms.

QUESTIONS approx 50 mins
(prompts only if required)

The types of contact arrangements social workers are recommending for their SGOs.

SW1) What sort of recommendations regarding contact do you make in your SGO reports?
(prompt - do you recommend frequency, length of sessions, types of contact, if not why not)

SW2) What are the most common things you recommend?

SW3) What levels or frequencies of contact do you recommend?
(prompt - what do you recommend most often, what is your maximum and minimum, is this the same for birth mother and father)

SW4) How detailed and specific are your recommendations?
(prompt - can you give examples)

The factors social workers take into consideration when deciding on contact recommendations.

SW5) What are the most important factors that you take into consideration when deciding on what you are going to recommend regarding contact?
(prompt - what's the importance of the BP/child relationship, the BP/SG relationship, what leads you to your decision?)

2

Social workers' views on contact for birth parents in special guardianship cases.

SW6) Do you think contact is a positive thing in special guardianship cases?
(prompt - when would you consider that it is not a positive thing)

SW7) What frequencies of contact are most appropriate?
(prompt - how do you decide what is appropriate)

SW8) How much is too much contact, and how much is too little?
(prompt - what are the reasons for your answers)

SW9) In how many of your cases do you foresee contact as being particularly problematic?
(prompt - can you describe what might cause the problems)

SW10) What do you think is the biggest threat to successful contact?
(prompt - what do you feel is the best way to address these problems)

How do social workers feel about their own contact recommendations.

SW11) Do you prefer to recommend detailed contact arrangements or more general guidelines?
(prompt - can you give examples)

SW12) How much do you employ different strategies to reach your decisions and recommendations, such as using personal experience and using rational analysis?
(prompt - can you give examples)

SW13) How confident do you feel about the recommendations you have made?
(prompt - can you say why)

****

THANK YOU for your help. It is very much appreciated.

Appendix 10 Script for special guardian focus group

Date _____ ***Time*** _____ ***Venue*** _____

FOCUS GROUP SCRIPT special guardians

INTRODUCTION *approx 10 mins*

a) Recap the main points of the information sheet.

b) Emphasise ethical considerations:

- interviewees to let me know if there is anything that they have said that they do not want included.
- explain that all LAs and interviewees involved with my research will be anonymous.

c) Suggest group rules or agreement: - confidentiality - respect for each other's views.
- other suggestions from the group?

d) Make a note of: - number of female ☐ *and male* ☐ *interviewees,*
- length of time since their SGO granted _____
- number & age of children they have SGO for. _____

e) Explain time constraints (50 mins) and need to hear views from all of the group equally.

f) "Does anyone have any questions?"

g) Signing of consent forms.

QUESTIONS approx 50 mins
(prompts only if required)

Understanding birth parent contact.

SG1) Did your assessing social worker give you an explanation of how birth parent contact works in SG.
(prompt - do you think this explanation was adequate? If not, why not)

SG2) Did the SW explain how their report would contain a recommendation to court on future contact.
(prompt - do you think this explanation was adequate? If not, why not)

SG3) Did you feel at the time that you had enough discussion with your SW about birth parent contact.
(prompt - with hindsight would you have liked to discuss it more)

The factors social workers take into consideration.

SG4) Did the social worker who assessed your SGO application ask for your views on birth parent contact?
- with birth mother?
- with birth father?
- with anyone else? If Yes, please say who _____
(prompt - how much did you and the SW discuss it together)

SG5) Do you think your views were fairly represented in the final SGO report?
(prompt - if not, why not)

2

The contact arrangements in your case.

SG6) What other recommendations regarding contact were made in your SGO report?
(prompt - levels of frequency, can you give specific examples)

SG7) What contact arrangements were eventually made by the court in your case?
(prompt - can you give specific details, child arrangements order? supervision order?)

SG8) Do you think the SW made the right recommendation regarding contact?
(prompt - if not, why not, where did they get it wrong)

SG9) How could the contact recommendations have been better?
(prompt - can you give specific details)

SG10) Since getting the SGO, how much has your contact varied from what was agreed in court.
(prompt - can you give specific details)

Special guardians' views on contact for birth parents.

SG11) Do you think contact is a positive thing in special guardianship cases?
(prompt - when would you consider that it is not a positive thing)

SG12) How much is too much contact, and how much is too little?
(prompt - what are the reasons for your answers)

SG13) What do you think is the biggest problem facing successful contact in your case?
(prompt - what do you feel is the best way to address these problems)

****

THANK YOU for your help. It is very much appreciated.

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